DOCUMENT RESUME

ED 367 657 SP 035 105

TITLE	AIDS: A Catholic Educational Approach to HIV (Human Immunodeficiency Virus): Teacher's Manual and Implementation Guide. Revised Edition.
INSTITUTION	National Catholic Educational Association, Washington, D.C.
REPORT NO	ISBN-1-55833-111-5
PUB DATE	92
NOTE	227p.; For the previous edition of the teacher's manual and implementation guide, see ED 304 611-612.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC10 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Catholic Educators; *Catholic Schools; Communicable Diseases; Curriculum Guides; Decision Making Skills; Disease Control; Elementary Secondary Education; *Health Education; *Health Promotion; Inservice Teacher Education; Learning Activities; Parent Participation; Prevention; Religious Factors; Teaching Guides; *Values Education
IDENTIFIERS	Age Appropriateness; New Testament

ABSTRACT

This curriculum guide aims to help teachers and students in Catholic schools and parish religious education programs to: (1) become more deeply rooted in Gospel values and Catholic moral teaching; (2) understand the HIV virus and the disease which it causes, Acquired Immune Deficiency Syndrome (AIDS); and (3) develop decision-making and leadership skills to protect themselves and others from HIV and AIDS. The program has two components--a teacher's manual and an implementation guide. The manual provides teacher's materials (student hand-outs, transparency masters, lesson plans, activities) and methodology, a scope and sequence chart of HIV/AIDS-related learning objectives, and suggested, age appropriate lessons for K-12 students. The teacher's manual also includes: articles used for lessons and background--"Address at Mission Dolores" by Pope John Paul II; "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume; "A Challenge and a Responsibility" by Cardinal Joseph Bernardin; and "Human Viruses: Tape Cassette Analogy" by Lawrence A. Hunt; a list of universal precautions to prevent the spread of infections diseases in school settings; and a glossary of terms. The implementation guide provides ideas for preparing a teachers' inservice program, suggestions for planning a parents' session, and an annotated list of resources. (LL)

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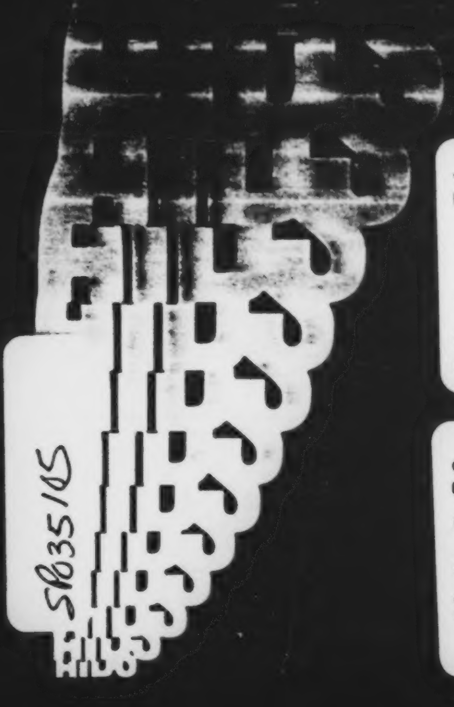

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NCEA

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AIDS:
A Catholic Educational Approach to HIV (Human Immunodeficiency Virus)

Teacher's Manual

by the NCEA AIDS Education Task Force

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An extensive revision of the 1988 publication,
AIDS: A Catholic Educational Approach
ISBN 1-55833-111-5

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Preface

In their November, 1989 statement on HIV/AIDS, the bishops of this country affirmed the basic need for education about HIV-infection: "People need education and motivation so that they will choose wisely and well. Providing information which is both accurate and appropriate is a logical and necessary starting point." Catholic educational institutions need such information no less than others and the National Catholic Educational Association has been in the forefront of developing and applying Church teaching in this regard. *AIDS: A Catholic Educational Approach to HIV* is a revised and updated version of NCEA's splendid teaching document for Grades K-12. It is infused with Gospel values and Church teaching about human sexuality and human responsibility.

We owe a great debt to those who prepared and revised this important work, which brings to educators the chance to place this threat to health in a context that reaffirms our moral tradition, attests that our moral vision can be lived, and respects the distinctive role of parents. As Bishop James Malone noted in the preface to the first edition, the Teacher's Manual and the accompanying Implementation Guide offer a holistic, integrated approach to education about HIV-infection. They bring to one of the most urgent problems of our day understanding, compassion, and a great spirit of hope.

+Thomas C. Kelly O.P.

+Thomas C. Kelly, O.P.
Archbishop of Louisville
Chairman, NCEA Board of Directors

Acknowledgements

This HIV/AIDS Education project began, faced with two facts:

1. HIV/AIDS education — with its moral and health dimensions — is urgent;
2. unanimity on every area of such a sensitive issue is probably impossible.

Because of the urgency, this publication has proceeded. The NCEA Task Force has tried painstakingly to treat each issue as accurately and sensitively as possible, to integrate Catholic tradition and current health information within sound educational materials.

This publication is available because of the efforts of many. Sincere gratitude is extended to the following:

Chairmen of the NCEA Board of Directors — Most Rev. John R. Roach, DD (1984-88); Most Rev. James W. Malone, DD, (1988-90); Most Rev. Thomas C. Kelly, OP (current chair) — for their assistance throughout this project;

Catherine McNamee, CSJ, president of NCEA, for her continued support;

the NCEA Secondary Schools Executive Committee who in 1985 resolved unanimously to call the entire association to respond to the need for HIV/AIDS education;

the NCEA executive staff who recognized the need, secured departmental representation, and assisted in varying ways;

Judith Coreil, MSC, and Regina Haney, OSF, who have served as NCEA staff liaison;

the non-staff members of the NCEA Task Force and Revision Committee who contributed extensive time and work on a voluntary basis;

the arch/diocesan offices in Dallas, Jefferson City, Louisville, San Francisco, and Scranton as well as Loyola University of Chicago School of Nursing who permitted the involvement of Task Force and Revision Committee members;

Catholic Health Association for research and technical support for the work of the Task Force;

the Centers for Disease Control for information, graphics, and critique of the manuscript;

the hundreds of educators, theologians, parents, bishops, and others who spent many hours reviewing the various drafts of this publication;

the generous support of Mr. Edward J. Piszek, Philadelphia businessman and president of the Copernicus Foundation.

Many materials supporting this publication are in the public domain. Special acknowledgement is hereby given for content adapted from the Catholic educational materials of Australia and for the articles by Pope John Paul II, Cardinal Basil Hume, Cardinal Joseph Bernardin, and Lawrence A. Hunt, Ph.D. If any credit has been omitted, it will — upon notification — be included in any future revision.

The final word of thanks is reserved for all who will contribute to this continuing effort toward HIV/AIDS education within the Catholic tradition.

Carleen Reck, SSND, Ph.D.
Chairperson and Editor

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1 Purpose of Publication

The Crisis

The reality of AIDS (Acquired Immune Deficiency Syndrome) has created a profound social, moral, and medical crisis in virtually every facet of society. HIV (the Human Immunodeficiency Virus), which causes AIDS, is still spreading. Some of its most tragic effects are the conflicts it occasions within families, neighborhoods, and church communities.

The Mission

Many Catholic Church communities are responding, not only on medical and social levels, but also through education — which is essential to stop the spread of HIV disease. The National Catholic Educational Association (NCEA) offers these revised materials to assist in this educational mission.

Over a half-million students are already being formed by the NCEA HIV/AIDS materials. This revision uses newer terminology, includes important medical and scientific information learned in recent years, and responds to suggestions from diocesan and other educational communities who have used the first publication.

The Need

Many publications present facts about HIV/AIDS within a few pages. This publication is much larger for two reasons. First, it presents HIV/AIDS facts gradually in keeping with the students' maturity levels. Second and even more important, it goes beyond facts — also striving to develop related attitudes, values, and skills through a planned sequence of learning opportunities.

The Goals

NCEA's *AIDS: A Catholic Educational Approach to HIV* is designed for use in Catholic schools and in parish religious education programs. The goals of this curriculum are to help teachers and students (1) become more deeply rooted in Gospel values and Catholic moral teaching; (2) understand the virus HIV and the disease which it causes, AIDS; (3) develop decision-making and leadership skills which can help them to protect themselves and others from HIV and AIDS.

Although the lessons are designed for students, some of them also meet the needs of adults. The Orientation can be helpful — not only for teachers, catechists, and parents —but also for parish and school administrators, board members, and parishioners at large.

The Desired Outcomes

Religious Formation
This curriculum calls children and youth to **Christian response** to the HIV/AIDS crisis — to be persons of hope who personally reflect God's love for all people, who model Jesus's compassionate care for the sick, who follow Christ's call to a chaste and loving lifestyle, and who strive to make choices in accord with the teaching of Christ and His Church.

Intellectual Formation
Central to this HIV/AIDS curriculum is **basic information** — accurate medical and scientific information which is presented in ways that are sequential, age appropriate, and culturally sensitive.

Formation in Moral Decision-Making
The curriculum teaches students about **transmission and prevention** of HIV/AIDS. They are helped to gradually grow in their regard for the gift of life and health, their awareness that they can make wholesome choices, their skill in coping with negative peer pressure, and their personal Christian response to AIDS-related challenges within society.

A more specific listing of knowledge, skills, attitudes and values for each grade level follows the Orientation. In addition, the Teacher's Materials and Methodology section includes a Scope and Sequence Chart of learning objectives in three categories: (1) Christian Response; (2) Basic Information; (3) Transmission and Prevention.

The Program Components

The program has two components: (1) this *Teacher's Manual* and (2) an *Implementation Guide* with suggestions about planning and using the currciulum.

The Need for Adaptation

Although NCEA has developed this material, the association does not set policy for institutions nor does it propose one curriculum for all settings. Policy and curriculum for schools and religious education programs are determined on arch/diocesan and local levels with guidance from the National Conference of Catholic Bishops (NCCB).

Specific lessons — with suggested presentations, activities, transparency masters, and handouts — are included at the request of teachers who wish to know precise terminology and appropriate content for varied ages of students. Local teachers, clergy, and parent representatives can best judge the most appropriate grade level for each learning objective and any needed adaptation within the materials.

The Need for Additional Education

This publication addresses primarily the issue of HIV infection. It does not replace a comprehensive program of education in human sexuality which teaches the Church's position on related issues. Nor does this material replace a total program of drug education. Rather this curriculum relies upon and underscores the importance of such programs. All are needed to counteract the HIV/AIDS crisis.

2

Orientation for Teachers and Parents in a Catholic Setting

Education about Acquired Immune Deficiency Syndrome (AIDS) and the virus that causes AIDS, Human Immunodeficiency Virus (HIV), presents a major challenge to both parents and other educators. As isolated individuals, they can find the task overwhelming; with mutual support, they can address the challenge with confidence and hope.

Parents and professional educators need a common background about HIV/AIDS — both the moral and medical dimensions. This orientation can provide that common background.

Written for adults, this presentation explains all key ideas that are included at appropriate levels for the students, then notes areas that are important for adult modeling. These are the areas considered:

I. Education of the Student
   A. Christian Response: The Moral Context for AIDS and HIV infection
   B. Basic Information: A Summary of Medical Information about AIDS and HIV infection
   C. Transmission and Prevention: Knowledge, Values, and Skills to Support Morally and Physically Good Choices
II. Authentic Modeling
   A. Understanding Development of Young People
   B. Attitudes toward Sensitive Subjects
   C. Policies and Procedures

I. EDUCATION OF THE STUDENT

A. *Christian Response: The Moral Context for AIDS and HIV Infection*

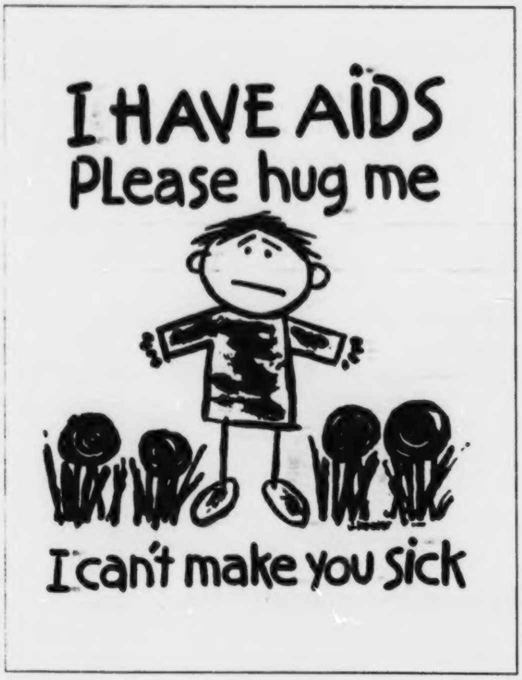
In Catholic education, it is most important that information regarding HIV/AIDS be communicated within a religious and moral context. The development of faith and the fostering of moral discernment begin with the family. They draw on the rich traditions of Biblically-rooted prayer and the moral theology of the Catholic Church. Catholic educators have a role to play in introducing students to these traditions, but at the same time they are keenly sensitive to their dependence on and accountability to the family and to the broader community of the Church.

Within this perspective, the challenge of HIV/AIDS education for young children is to prepare them for a mature and responsible Christian life by helping to develop attitudes of respect, trust, self-discipline and self-esteem. The responsibility of those who teach adolescents is at once more complicated and more urgent because of the fact that HIV/AIDS is spread through sexual contact and intravenous drug use, two areas of young people's social environment that are dangerous and enticing to them. Social confusion about sexual morality and the prevalence of drugs make the task especially difficult.

Catholic teachers and parents can help young people to understand how their moral choices and their actions affect their own welfare as well as the welfare of others. Working together, they can motivate young people to assume responsibility for their actions.

1. Compassion: A Life-giving Attitude

The Church, as a community of faith, shares in the experience and challenge of HIV disease: "When one member suffers, all members suffer" (1 Cor. 12:26). Time and again the Church has suffered with persons who



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have endured the pain, debilitation, isolation, and death resulting from AIDS. At the same time, it has shared the trauma of family members, friends, and associates who have been devastated by the suffering and death of loved ones. From this community of faith, young people can learn a compassionate response for all suffering members, including those who suffer from the effects of AIDS.

Jesus was at once healer, reconciler, and teacher. He not only healed physical ailments, but also helped people to find peace in their hearts and to overcome alienation from the community. The words, the deeds, and the magnetism of Jesus brought diverse people together and challenged them to respect, love, and serve one another. This healing presence of Jesus Christ continues to shape the mission of the Church and to challenge its members.

Jesus' promise of eternal life to those who reach out to the suffering specifically includes visiting the sick (Matthew 25:36). In the early Church, the elders prayed over the sick, anointing them with oil in the Lord's name (James 5:14). In the Middle Ages, the primary mission of many religious orders was to minister to the needs of the sick, leaving the Church a heritage of healing. Responding to the needs of persons infected with the AIDS virus, Catholic women and men — lay and religious — continue this healing ministry today.

Calling Catholic health workers to meet the HIV/AIDS challenge, Pope John Paul II urged, "Besides your professional contribution and your human sensitivities toward all affected by this disease, you are called to show the love and compassion of Christ and his church" (Phoenix, Sept. 14, 1987). During his visit to San Francisco, John Paul II assured the group at Mission Dolores Basilica that God "loves those of you who are sick, those who are suffering from AIDS . . . with an unconditional and everlasting love" (Sept. 17, 1987).

2. Chastity: A Moral Response Rooted in the Scriptures

The words of Deuteronomy, " I set before you life or death, blessing or curse. Choose life, then, that you and your descendants may live. . ." (30:19) expresses the Biblical vision at the heart of God's call to compassion. It expresses as well the moral truth at the core of the Church's traditional teaching on chastity. Sexuality is a fundamentally life-giving power within each person. But the gift of sexual energy can also be a source of selfishness, coercion, and exploitation. The virtue of chastity urges people to discipline and channel their sexual energy so that it finds expression in honest and generous relationships with others. Respect for oneself and for the other is at the heart of the Gospel call to life-giving relationships and is written into the natural law of healthy social conduct for all human beings.

An advantage of teaching chastity within the Catholic tradition is that it provides a moral vision, a foundation for hope. That vision portrays every person as graced, gifted, and unconditionally loved by God. A Catholic setting can reflect — by what is said to students and how they are treated — the reality that God is with them. It can reinforce the realization that parents, teachers, and the broader Christian community are vitally interested in their own well-being and in their life-giving relationships.

> ***"When one member suffers, all members suffer."***
>
> (1 Cor. 12:26)

3. Making Moral Choices

The Catholic moral tradition has always represented individual persons as free, intelligent, and responsible for their actions. In the face of today's intense peer pressure, young people need to become convinced that they have the freedom, the ability, and the responsibility to make moral choices and to follow them. Although self-discipline is important at any time, the intensity of today's social and peer pressure — coupled with the HIV/AIDS threat — increases the urgency that young people develop the skill to act upon their moral choices.

Youth also need to develop a sound basis for making moral choices. The media, peers, and some adult celebrities often seem to be telling youth: "Everybody is doing it. Having sex makes you somebody. Sex is all you need. Who is to say what is right or wrong? Your feelings tell you what is OK for you!" Today's social propaganda tends to link sexual activity with status and sophistication.

A. *Sexual Choices*

In a world that incites sexual desire and encourages its immediate gratification, concern about the rights of others is often lacking. Living in a society of rapid change often precipitates instability and diminishes long-term commitment. An appreciation for committed fidelity is noticeably absent. In this milieu young people need both understanding and modeling of the moral truth expressed in both Scripture and tradition: sexual intimacy is a gift of God that expresses total self-giving in a permanent marriage commitment.

B. *Alcohol and Drug Choices*

The messages that young people hear about drug use from the adult community is in some ways even more confusing than the messages about sex. On the one hand, they hear a clear and unequivocal, "Just say NO to drugs!" On the other, adolescents observe many adults depending habitually on alcohol and over-the-counter drugs to manage their moods.

Even illegal drugs are all too available, and peer pressure to experiment with these substances is considerable. In addition, young people frequently encounter the myth that drug use is a recreational exercise with little or no harmful physical consequences. The tendency to deny the possibility of addiction is widespread. The abuse of alcoholic beverages — often illegally procured by teens — frequently accompanies drug abuse.

Only with consistent messages and constant moral support will it be possible for young people to resist illegal drugs. Drug abuse of any kind can make people more vulnerable to HIV disease because it can compromise their decision-making capacity. Moreover, drug abuse that develops into intravenous (IV) drug abuse increases considerably the risk of contracting HIV disease because of the likelihood of sharing contaminated equipment.

4. Avoiding Discrimination

The sensitive and controversial issue of homosexuality cannot be avoided in HIV/AIDS education. The association of AIDS solely with homosexuality, however, is misleading. Teachers need to make clear that — although at present the largest number of persons with AIDS in the United States are from this community — AIDS is not "a homosexual disease," and homosexuality as such is not the source of the AIDS epidemic.

It is important to note that the percentage of newly reported cases of HIV infection is dropping in the homosexual community while increasing among intravenous drug users and heterosexual adults and youth. In some other countries, HIV infection is predominant among heterosexuals.

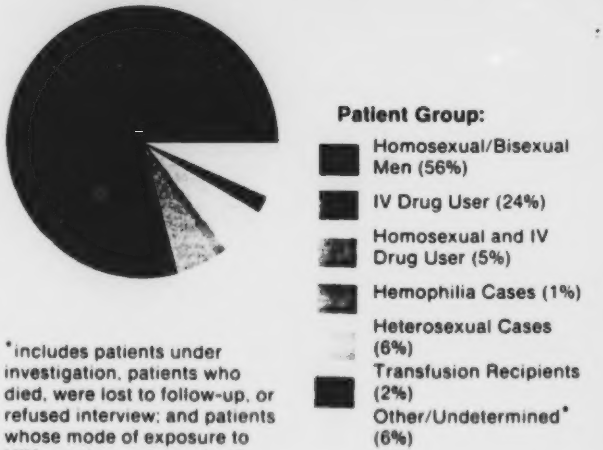
Some clarifications are essential. Homosexuality is a sexual orientation toward a person of the same sex. A person with such an orientation is called to live a full Christian life. The person has the same rights and dignity as anyone else. The Sacred Congregation ("On Pastoral Care of Homosexual Persons," 1986) demands respect for the persons involved:

> It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church's pastors wherever it occurs. It reveals a kind of disregard for others which endangers the most fundamental principles of a healthy society. The intrinsic dignity of each person must always be respected in word, in action and in law. (#10)

A clear distinction should be made between homosexual orientation and homosexual genital acts. The Church, reflecting Scripture and its moral tradition, clearly states that the moral norm for conjugal union is between husband and wife — a union that is self-giving and life-giving. According to that norm, homosexual acts — gay or lesbian — lack an essential finality and therefore are morally unacceptable.

Parents and educators should not assume that all same-sex attractions in adolescence are indicative of a fundamental homosexual orientation. Nor can they assume that all youth in a given family or classroom will be able to locate themselves unambiguously within the heterosexual population. While clearly teaching the heterosexual marital relationship as the moral norm, they need to show sensitivity to any young people who are struggling with a temporary attraction or a homosexual orientation.

Adult Cases of AIDS by Exposure Category Reported in 1990, United States



*includes patients under investigation, patients who died, were lost to follow-up, or refused interview; and patients whose mode of exposure to HIV remains undetermined after investigation.

Source: U.S. Centers for Disease Control

What is communicated in educational settings or in families can profoundly affect individual students who are struggling to integrate their sexuality. All young people need to find compassion, understanding, and acceptance of themselves as persons as they search for their sexual integration and its morally responsible expression.

B. *Basic Information: A Summary of Medical Information about AIDS and HIV Infection*

Students are gradually introduced to medical information about the HIV disease and AIDS. In the earliest grade levels, the focus is on good health habits, not on HIV or AIDS as such. When AIDS is introduced (in a Grade 3 lesson), it is spoken of as a disease children can NOT easily contract.

In intermediate grades, when transmission of the AIDS virus is introduced, the focus is on dirty needles. The term HIV is introduced only in the later middle grades or junior high along with a brief discussion of sexual transmission. Further information about HIV infection is introduced and developed on age appropriate levels through Grade 12.

In order to support the joint efforts of parents and teachers, this section summarizes the medical facts about HIV disease (current at time of printing) with reference, where appropriate, to Catholic moral teaching.

Because of the complexity of issues surrounding HIV disease and the rapidly developing knowledge base regarding the disease, however, this section is not exhaustive. It is imperative that competent medical authorities be consulted about questions which are not fully addressed here. Also the public health department, the American Red Cross, a local Catholic hospital, local and national AIDS agencies can be contacted for the most current information. The national AIDS Hotline is 1-800-342-AIDS or (Spanish) 1-800-344-SIDA.

1. General Terminology

This program uses the term "HIV" more often than "AIDS" to be as accurate as possible. True, some people only use the word "AIDS" — AIDS policies, people with AIDS, and AIDS education. Others also talk about the "AIDS virus" which is "HIV" (Human Immunodeficiency Virus). Some people interchange the terms, "AIDS" and "HIV" as if they have the same meaning.

The generally accepted trend today is to speak of **HIV disease** to describe the **entire spectrum** of being infected with HIV. To speak of the progression of HIV disease, it is best to refer to **initial infection**, through an **asymptomatic stage**, then a **symptomatic stage**, and ultimately **AIDS**.

The medical, scientific, and public health communities are, in general, no longer using the term ARC (AIDS-related complex). ARC never had a precise definition, and its meaning differed with the individuals using the term.

2. Definition

A = Acquired
I = Immune
D = Deficiency
S = Syndrome

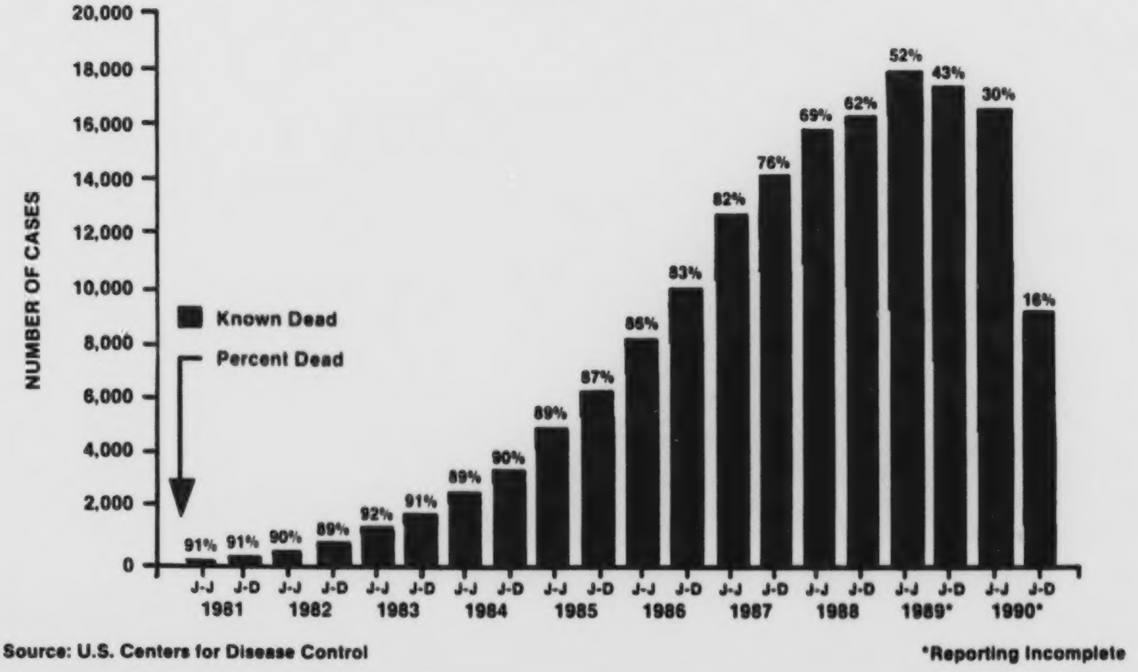
AIDS stands for Acquired (not inherited) Immune Deficiency (causing damage to the body's immune system) Syndrome (set of conditions and diseases). Scientists have given the name Human Immunodeficiency Virus (HIV) to the virus that causes AIDS. The term "HIV-positive" or "sero-positive" is applied to persons who test positive for the AIDS virus.

3. Effects of HIV

The AIDS virus (HIV) damages a person's immune system, eventually crippling the body's ability to fight disease. It also attacks the central nervous system, causing neurological damage. The person becomes vulnerable to micro-organisms which cause life-threatening illnesses, such as some forms of pneumonia and cancer, or various forms of dementia. To date there is no known vaccine or cure for AIDS.

The average time between initial infection with HIV and the development and effects of life-threatening AIDS may be approximately ten years for adolescents and adults. This is an extremely long period in contrast to the typical periods of several days or weeks for most human viruses such as the common cold, chickenpox, or measles.

Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis Reported 1981 through 1990, United States



Source: U.S. Centers for Disease Control

*Reporting Incomplete

C. *Transmission and Prevention: Knowledge, Values, and Skills to Support Morally and Physically Good Choices*

1. Transmission

The AIDS virus (HIV) can be spread only through the exchange of blood, semen, or vaginal secretions. This exchange happens chiefly during sexual contact and through the sharing of implements of illegal drugs — intravenous needles, syringes, and works — which can serve as reservoirs of blood containing HIV. Theoretically deep, open-mouth (i.e., "French") kissing could transmit HIV if there is direct exposure of mucous membranes to infected blood (e.g., through fever blisters, sores, or cuts from braces). No such cases have been documented.

The AIDS virus (HIV) can be transmitted during a long period preceding AIDS, when persons do not even know that they are infected.

Prior to systematic screening of blood, which began in the United States in March, 1985, some people who received contaminated transfusions were infected with HIV. At the present time, the risk of infection through a blood transfusion is extremely remote. The Centers for Disease Control estimate that a patient's chances of getting infected with the AIDS virus from a unit of transfused blood is about 1 in 100,000. By contrast, the average person's chance of getting killed in an auto accident in a year is about 1 in 5,000.

A small percentage of hemophiliacs, people with a blood-clotting disorder, became infected with the AIDS virus through contaminated blood transfusions or the use of contaminated clotting factors prior to the present testing program. Currently all blood clotting products used by hemophiliacs have been made from screened plasma and have been heated to destroy any HIV that might remain. The risk has been virtually eliminated.

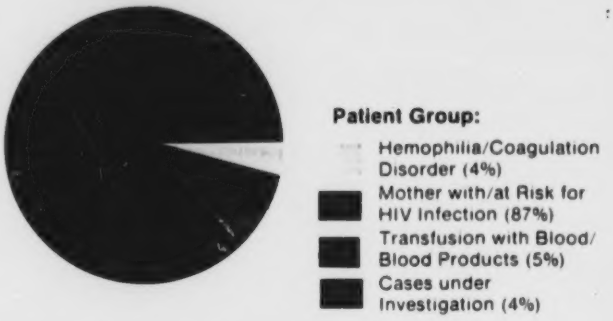
No one risks infection by donating blood; all equipment that is utilized is new and sterile.

A. *Casual Contact*
HIV is not transmitted by day-to-day casual contact. It is not spread through shaking hands, sharing an office or classroom, eating food that is prepared by a person with the infection, or by a kiss on the cheek. HIV is not spread through sneezing, coughing, mosquitoes, contact with pets, swimming pools, drinking fountains, public toilet seats, drinking glasses, Communion chalices, telephones, or door knobs. In short, it is not transmitted easily.

These facts must be stressed repeatedly. Because the AIDS virus is not spread by casual contact, it is considered safe in most cases for children who have HIV disease to attend school or other classes.

The AIDS virus is fragile and easily destroyed by common household disinfectants such as a solution of one part bleach in ten parts of water. The AIDS virus is not airborne and does not survive outside the body. Saliva and tears may contain minute amounts of HIV, but no cases of AIDS have been reported from contact with these fluids.

Cases of Pediatric AIDS by Exposure Category Reported in 1990, United States



Source: U.S. Centers for Disease Control

B. *Children and AIDS*
As many as 3,140 American children under 13 years of age have been diagnosed with AIDS (as of 6/30/91). Of these children, about 85% are offspring of mothers infected with the AIDS virus; these children were infected either during pregnancy or at birth. (The risk of HIV transmission from an infected mother to her infant is estimated at 30%-50%.) Many mothers of infected infants are drug users or the sexual partners of drug users. Any woman or teenager who engages in high risk behavior before she becomes pregnant jeopardizes her own health as well as the future health of her infant.

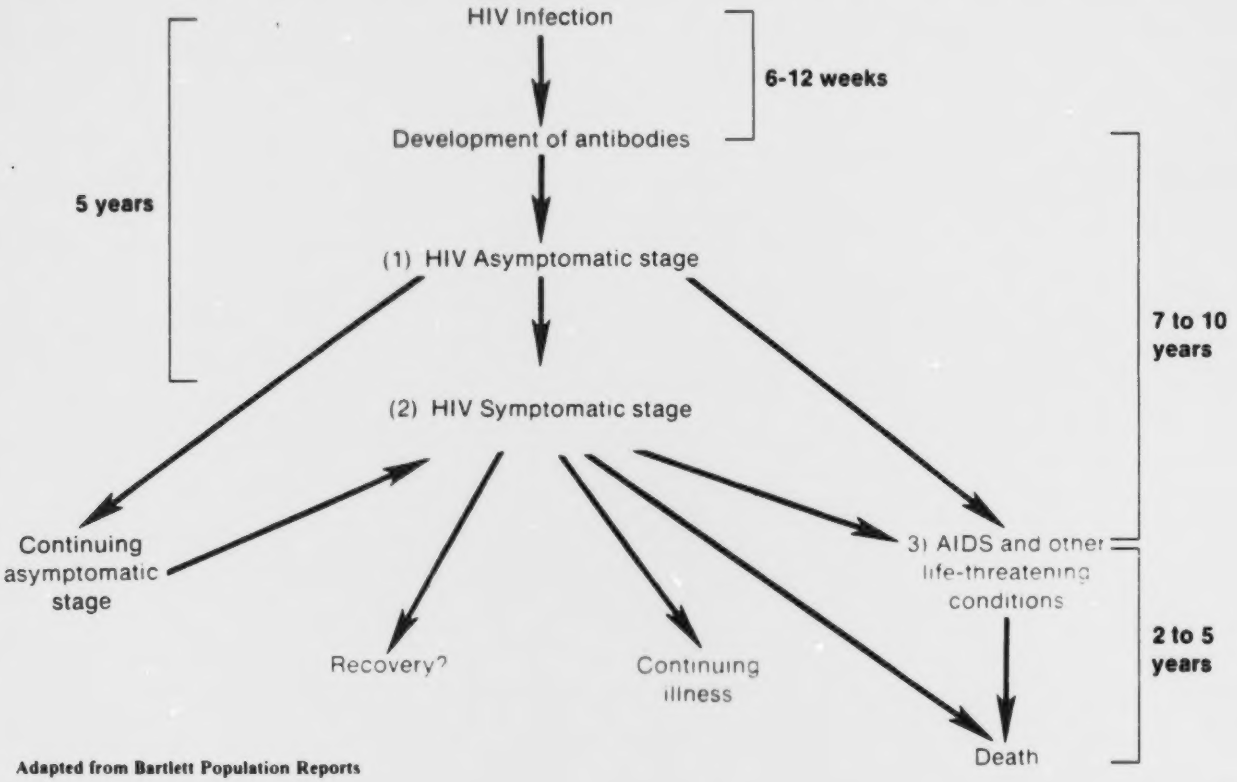
C. *Progression*
Infection with HIV may progress through several stages:

1) Asymptomatic
It is possible to be infected with the virus and have no related physical symptoms. The Centers for Disease Control estimate that the incubation period between HIV infection and symptoms is five years or more. This silent stage is dangerous because a person can unknowingly spread the virus by sexual intercourse or intravenous drug abuse.

2) Symptomatic
Symptoms of infection (previously referred to as AIDS-Related Complex or ARC) may include fever, night sweats, diarrhea, unexplained weight loss, chronic fatigue, swollen lymph glands, skin rashes, lack of resistance to infection, memory loss, depression, partial paralysis, and loss of coordination.

3) AIDS
Developing an opportunistic infection (such as pneumocystis carinii pneumonia) or an AIDS-related cancer (such as Kaposi's sarcoma) or HIV brain infection indicates a full-blown AIDS infection and signals that the body's immune system is seriously impaired. These infections may

NATURAL HISTORY OF INFECTION WITH HIV


HIV Infection
6-12 weeks
Development of antibodies
5 years
(1) HIV Asymptomatic stage
7 to 10 years
(2) HIV Symptomatic stage
Continuing asymptomatic stage
Recovery?
Continuing illness
3) AIDS and other life-threatening conditions
2 to 5 years
Death

Adapted from Bartlett Population Reports

eventually cause death, generally within two years.

A graphic presentation of these stages appears at the top of this page.

D. *Testing*

The presence of the AIDS virus in the body can be detected indirectly by a blood test which reveals the existence of specific antibodies for the virus; the person being tested should be aware, however, that the body needs reaction time to produce these antibodies. The antibodies may not be detectable by the test for two to twelve weeks, in rare cases for up to six months. For that reason, someone who is in fact carrying the AIDS virus may test negative at an early stage of infection.

In addition, anyone undergoing testing should be aware of an occasional "false positive" reading; to be sure the reading is truly positive, additional testing is performed. Although the most common test is the the AIDS virus antibody, other analyses can be conducted. A positive result indicates that the person has been *exposed and infected* rather than just exposed to the virus.

Persons who have engaged in high-risk behavior, before they undergo any form of testing, should understand that there are serious personal, social, and moral implications, whether the test result is positive or negative.

The U.S. bishops emphasize that testing needs to always guarantee anonymity and should be preceded and followed by counseling whether the test result is HIV-positive or negative. "Counseling," they recommend, "should supply information about the disease, the moral aspects involved, immediate emotional support, and information about resources for continuing emotional and spiritual support. It should also underscore, sensitively but forthrightly, the grave moral responsibility of individuals with HIV to inform others who are at risk because of their condition." *(Called to Compassion and Responsibility*, pp. 21-22)

Many communities have support groups for people who are HIV-positive. All concerned persons should learn about any existing local support groups in case they need to put someone in touch with one of these groups. They also need to place a strong emphasis on confidentiality.

2. Prevention

Since the most common ways to spread the AIDS virus are by sharing illegal IV drug needles and by promiscuous sexual behavior, the best protection against HIV disease is to avoid these behaviors. Although the initial cases of AIDS were reported in the homosexual (gay) community, HIV disease is not limited only to homosexuals. Heterosexual (straight) men and women can also become infected. Anyone who engages in "high risk behavior," that is, who shares the same needle, syringe, or other illegal drug equipment with an infected person or who engages in intimate sexual behavior with an infected person can contract HIV.

During vaginal intercourse as well as oral-genital or anal sexual activity, the AIDS virus can pass from the infected person into the blood stream of his or her sexual partner. Semen, vaginal fluid, and blood can transmit the virus from one person to the other.

During vaginal intercourse the virus can pass from an infected male to a female through his semen. The virus seems to pass more easily from the male to the female, although women can also transmit the virus to men through vaginal fluid.

During oral-genital sex there is the possibility that the virus can be transmitted, e.g., through semen entering small cuts or tears in the mucous membrane. During anal intercourse — which is physically abusive and can severely damage the tissue — the virus can pass into the partner's body through even small, invisible lesions or tears in anal tissue or on the penis. Even apart from the danger of HIV infection, anal sex can lead easily to other infections.

Touches and kisses are part of the preparation for intimate sexual activity and may include various parts of the body of the man and the woman. Couples are, however, called to full conjugal union — vaginal intercourse with deposit of semen in the vaginal tract. Thus neither oral-genital nor anal sexual activity can substitute for the mutual self-giving and human procreation allowed through vaginal intercourse.

a. *Risk Avoidance*
The "just say no" aproach to discouraging young people from using drugs has to be supplemented with strong personal support by family and community. The enslaving effects of addiction make avoidance of drugs altogether the best defense against infection by HIV-contaminated needles and syringes.

Because sexual intercourse is the most common way that people become infected with HIV, many health educators have been promoting "safer sex." Actually, according to public health experts, only two kinds of sexual behavior are 100% safe: (1) abstaining from sex altogether, and (2) restricting one's sexual activity to a faithful, monogamous relationship (only one continuing sexual partner) with a person known to be free of the virus. These totally safe behaviors reflect Catholic moral tradition which has always reserved genital activity for faithful married life.

As previously noted, the Catholic tradition locates genital sexual expression within the context of mutual self-giving in marriage and the generation of new life. What gives moral and human meaning to intimate sexual expression is the fact that it is an expression of faithful love between two people. As such it is a way to deepen their mutual love and normally to express it further in the founding of a family. Within this perspective, intimate sexual contact does not make sense prior to the time when two people are ready for a faithful marriage relationship and the eventual creation of a family. Extramarital sexual activity not only lacks a faithful bond, but also can wreak havoc within existing marriage relationships and destroy families.

b. *Promiscuity*
Students need to know that any promiscuous sexual behavior is morally wrong because by definition it is lacking in commitment. All students also need to know that promiscuous sex puts them at increased risk of contracting HIV.

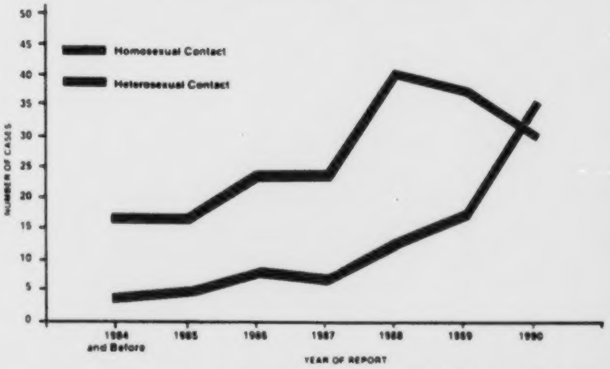
Catholic educators and parents can help young people manage their sexual lives responsibly by making sure they understand why the Church urges abstinence from intimate sexual contact outside marriage. They can make sure that young people have the motivation as well as the information they need to protect themselves and others from getting HIV disease.

Even the discovery of effective vaccines or therapies, though desirable, would not change the need for personal responsibility. For example, drugs have been effective against gonorrhea and syphilis for forty years, yet the diseases persist. In the words of the bishops' conference, "The obvious lesson is that to eradicate some diseases, people must desist from the behavior that spreads them." *(Called to Compassion and Responsibility*, p.8)

Statistics on teenage sexual activity indicate that by age 19, three-quarters of all boys and almost two-thirds of all girls have already been sexually active. Significant proportions of the teen population have also been infected by sexually transmitted diseases such as syphilis and gonorrhea. The high teen pregnancy rate testifies further to the numbers of young people who are sexually active.

The students in Catholic educational programs also experience pressures which can undermine their ability to manage their sexual relationships even as they try to live the life of chastity taught by Jesus and presented by Catholic teaching.

Adolescent (13-19 year olds) AIDS
Sexual Contact Trends
United States, Reported through 12/31/90



Source: U.S. Centers for Disease Control

The threat of AIDS given them a very serious additional reason to delay genital sexual expression until the time when they are prepared to commit themselves to one partner in marriage. They need the help of teachers and parents to develop and sustain a chaste sexual life-style that is essentially counter-cultural at the present time.

c. *Adding Truth to Advertising*

With young people who are highly tuned to the media, pretending that condoms do not exist can undermine the credibility of an AIDS education program. An advertising campaign has reached virtually everyone in the United States, which gives the false impression that condoms allow promiscuous behavior without risk. The fact is that intact latex male condoms, if they are properly used over a man's penis throughout intercourse, may provide some barrier to HIV contamination by an infected partner. The female condom or vaginal pouch, as it is sometimes known, also may provide some physical barrier to HIV and other sexually transmitted diseases. Another important fact — not emphasized in advertisements — is that even when condoms (male and/or female) are in good condition and used properly, they have a significant failure rate.

Because HIV develops slowly, the failure of condoms (male and/or female) is most easily measured through the rate of unwanted pregnancies which is roughly 5% to 15%. HIV, however, is not limited to a fertile period and is smaller than sperm. Federal inspections of certain models of male condoms have failed more than 10% and, in some lots, up to half of the samples. Although airburst testing has projected a maximum failure rate of 10%, it measures only one facet of the product's integrity and has shown nothing conclusively about the performance strength of male condoms. Moreover, most estimates apply only to vaginal or oral sex; failure projection increases for anal sex. (Sources: *Consumer Reports*, March 1989; *FDA Consumer*, September 1990.)

The female condom is not made of latex but of polyurethane, which the manufacturer says is stronger and is more difficult for viruses and bacteria to penetrate; but there are still a number of problems associated with the device. For example, the female condom may be pushed down into the vagina and slip during the act of intercourse, or it may be removed prematurely. Pregnancy rates for those using the female condom are slightly higher than those recorded for users of diaphragms, cervical caps, or contraceptive sponges.

Parents or teachers would not want to tell a youth whom they love that something with such a significant risk can provide safety.

The Church's opposition to condoms is not based on their limited effectiveness. It is based rather on principle. The Church has always held that the maximum physical expression of married love is sexual intercourse which expresses the couple's marital love and is open to procreation, using no barriers to conception (such as condoms). Outside of marriage, the recommendation of condoms would implicitly condone sex between unmarried heterosexuals as well as between homosexuals. The Church fosters the belief that persons are capable of living the Christian vision of human love and responsibility within marriage as well as the radical ideal of self-discipline which is needed in every state of life.

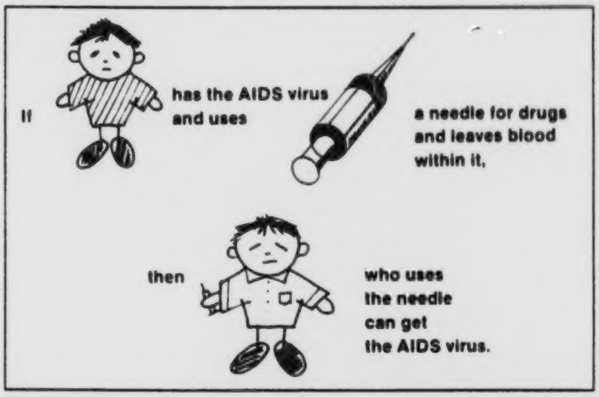
An article in *L'Osservatore Romano* (March 10, 1988) presented the concept this way:

> Ethics does not recommend the practice of virtue in order to avoid disease — medicine can do that — but it recommends virtue because chastity, marital fidelity, dominion over oneself and self-control — not mere repression — of the different impulses are the only ways in conformity with the dignity of the person capable of leading the person to a more complete and balanced development and a greater happiness.
>
> (Translated by NC News Service)

Those who give any facts about condoms need to reflect within their explanation the following: 1) the facts need to be presented in a context of values and morality; 2) the presenter is not recommending condoms, but giving information to correct some false impressions that may result from current advertising; 3) the most reliable and the only morally correct ways to prevent the spread of HIV are abstinence outside of marriage and fidelity within marriage along with the refusal to abuse intravenous drugs.

The United States Bishops in their statement on school-based clinics emphasize the importance of consistent teaching for the moral education of young people: "Programs which promote contraceptives in the cause of 'safe' or 'safer' sex or which place such practices on the same level as marital fidelity, abstinence and the avoidance of promiscuous sexual behavior, will inevitably weaken and distort the message that teenagers urgently need to hear." ("Statement on School-Based Clinics," November 18, 1987)

Youth also hear persuasive arguments for the distribution of sterile needles. Such distribution would send the message that intravenous drug abuse can be made safe. The fact is that IV drug abusers mutilate and destroy their veins, introduce infection through contaminated skin, inject substances that often contain lethal impurities, and risk death from overdoses. (*Called to Compassion and Responsibility*, p. 20) A parent or teacher may be able to help a youngster question this approach for both moral and practical reasons.



II. AUTHENTIC MODELING

Effective education of students depends not only on the lessons presented in the school, but also on the modeling provided by parents, other adults, and by institutions, especially Church-related institutions.

A. *Understanding Development of Young People*

The urgent task of HIV education is made easier when parents and teachers share a common understanding of the psychological and religious development of young people. Widely accepted theories of human development explain the growth of the child to maturity as a guided passage from dependence, self-centeredness, and isolation to self-sufficiency, generosity, and a capacity for intimacy. Parents and teachers recognize that this process, however it is described, needs to be encouraged and reinforced.

Spiritual development means that the young person freely chooses faith and commits himself or herself to life-long discipleship of Jesus. Development in sexuality (which is a distinct reality from sex) implies growth in the person's fundamental life-giving power; this growth is reflected in an individual's healthy relationships with others and with the total environment. Education regarding HIV disease should occur within a context that recognizes these basic goals as well as the importance of adult modeling.

B. *Attitudes toward Sensitive Subjects*

Sex is a sensitive subject because it pertains to an area of life which people appropriately consider private; yet irresponsible sexual behavior has serious personal and social consequences. The abuse of drugs is no less sensitive. Teachers and parents have a crucial obligation to work together to help shape the young person's conscience regarding both sexual activity and drugs. As they prepare to talk with youth about HIV disease, teachers and parents will have to examine their own attitudes about sex, drugs, and AIDS. How they regard these sensitive subjects is as important as what they say.

Teachers and parents need to collaborate so they reinforce the same attitudes and values. Because HIV infection, which results in the fatal condition of AIDS, is most often spread by certain kinds of sexual behaviors, it is imperative that they present the necessary information with its personal, social, and moral implications in a way that is straightforward, clear, and comprehensive. Black and Hispanic communities have a special challenge: the percentage of black and Hispanic persons with AIDS far exceeds their proportion of the population. It is the responsibility of Catholic education to provide a setting for parental and teacher formation as well as cooperation for effective HIV education.

C. *Policies and Procedures*

People diagnosed with AIDS should be treated with both compassion and social justice. The obligation goes beyond interpersonal relationships to the establishment of just policies and procedures accompanied by the institutional mechanisms to implement them.

The document by the U.S. Catholic Bishops, *Called to Compassion and Responsibility*, sets forth clear guidelines for responding appropriately to the needs of both children and adults who are dealing with an HIV-positive diagnosis. Certainly a challenge is presented to thoughtful Christians, one which encourages individual and institutional decision-making that supports the person living with HIV infection.

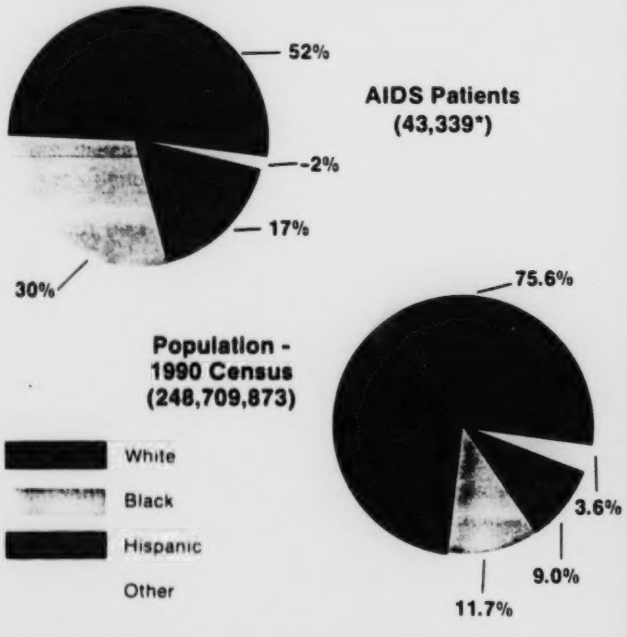
In addition, the Surgeon General of the United States and many national organizations have issued statements that offer specific advice on responding effectively to the student or employee with HIV infection. What follows is a brief summary of these guidelines.

1. Students

Children diagnosed with HIV disease should be allowed to attend school and other classes. The risk of transmission of the AIDS virus to other students is remote. A possible exception might be children with HIV infection who have clinical bleeding disorders. No cases of a child with AIDS infecting another child have been identified in schools or day care settings.

There is legitimate concern, however, for the child with AIDS, who is extremely susceptible to infections like

Cases of AIDS by Race/Ethnicity Reported in 1990, United States



*includes 158 patients where race is not known chicken pox and measles. The Surgeon General encourages school boards to adopt policies which can be individualized for each child infected with the AIDS virus. Decisions regarding class attendance should be made collaboratively with utmost concern for confidentiality.

In Catholic settings, the decisions would be made on a case-by-case basis using a decision-making process which may involve persons such as the diocesan superintendent or director of education, the principal or religious education coordinator, the pastor, the student's parents and physician, and/or a public health official. The Centers for Disease Control, the American Academy of Pediatrics, and many dioceses, school districts, and local institutions have issued attendance guidelines for a student with HIV disease.

Faculty, staff, and older students need to know and use the Universal Precautions at **all** times — not only when HIV may be suspected. (A description of the Universal Precautions is the last item in Section 4, immediately preceding the Glossary.)

Catholic education groups are also charged with providing adequate education in HIV disease for their teachers and any auxiliary personnel. This must happen before teachers can begin to instruct their students about HIV/AIDS. Involving parents in the initial planning and in preliminary HIV education encourages parental cooperation and understanding of the vital need for such education.

2. Employees

Schools and other educational programs must also formulate humane, rational policies for teachers and other staff who may develop HIV disease. The Surgeon General suggests that employees with HIV infection be treated as any other employee with a chronic illness. Recent legal decisions support the teacher's right to continue teaching even though infected with the AIDS virus. The U.S. Presidential Commission (1988) concludes that employees with AIDS should work as long as they are able. Health insurance and other benefits should continue when the employee becomes incapacitated.

The U.S. bishops state their intentions to base diocesan hiring decisions — not on HIV infection — but on other factors such as qualifications, ability to do the work, and moral character. (*Called to Compassion and Responsibility*, p. 24)

Conclusion

Addressing AIDS in the educational setting undoubtedly poses difficult moral, social, and public health questions. How a community gives concrete expression to the values discussed above will be conditioned by the needs of the particular community and the quality of its leadership.

Lacking a cure or vaccine, education is the only defense against HIV disease. Comprehensive HIV education has to (1) place the disease within a moral context, (2) impart accurate medical information, (3) develop responsibility for personal choices and actions, (4) overcome discrimination, (5) foster the kind of compassion which Jesus showed to the sick, and (6) model justice and compassion through policies and procedures.

Although HIV is a recent challenge, it demands the same response which Jesus modeled in the Gospel. The bishops' conference put it this way:

> Persons with AIDS are not distant, unfamiliar people, the objects of our mingled pity and aversion. We must keep them present to our consciousness, as individuals and a community, and embrace them with unconditional love. The Gospel demands reverence for life in all circumstances. Compassion — love — toward persons infected with HIV is the only authentic gospel response. (*Called to Compassion and Responsibility*, p. 11)

This major challenge can be addressed with confidence and hope when parents and professional educators share a common background and educational goals. The following pages outline the gradual development of knowledge, skills, attitudes, and values within this Catholic educational approach to HIV.

Dear Lord,

Draw all people suffering with AIDS
close to you.
Look with love on each one,
especially the children.
Help us to understand their fears
and anxieties,
that we and all their relatives and friends
may learn to live with them
and to love them.

When life seems most difficult,
may they know the human touch
of compassion and concern.
At times when their innermost being
is torn and uncertain,
may they feel the sheltering nearness
of a merciful and caring God.

O God who moves in mysterious ways,
grant them the reassurance that
you are their God
and they are your people.

For this we humbly pray,
in the name of your son, Jesus Christ.

Amen.

Composed by a contemplative nun as her outreach to persons with HIV/AIDS and their families.

DUPLICATION ENCOURAGED

AIDS: A Catholic Educational Approach to HIV

A gradual development of knowledge, skills, attitudes and values

KINDERGARTEN

Knowledge
- that God loves all people, sick and well
- that some touches are positive signs of affection and affirmation

Skill
- in knowing how it feels to be sick

Positive Attitudes and Values
- about loving and caring for all people, well and sick

GRADE 1

Knowledge
- that Jesus cared for the sick
- of how to identify persons who can be trusted

Skill
- in identifying and weighing "safe" and "dangerous" choices before acting

Positive Attitudes and Values
- about helping others who are sick

GRADE 2

Knowledge
- about the meaning of "contagious"
- about germs and how they spread

Skill
- in identifying and weighing "good" "bad" as well as "kind"/"selfish" choices before acting

Positive Attitudes and Values
- about life as a gift which needs care

GRADE 3

Knowledge
- that the AIDS virus is not caught through children's activities
- of rules and precautions that promote health and safety

Skill
- in saying no to dangerous or risky behaviors

Positive Attitudes and Values
- about themselves as good persons who are capable of making good choices

GRADE 4

Knowledge
- of three ways children can get the AIDS virus
- about recognizing and avoiding the risks in using unsterile needles

Skill
- in dealing with peer pressure

Positive Attitudes and Values
- about loving unselfishly and responsibly
- about God's gift of the body which can be abused by drugs

GRADE 5

Knowledge
- about the body's immune system and its destruction by the AIDS virus

Skill
- in saying no to illegal drugs

Positive Attitudes and Values
- of compassion toward persons with the AIDS virus or other illnesses

GRADE 6

Knowledge
- of four ways the AIDS virus is transmitted
- of basic Scripture and Church teaching on chastity, sexual intercourse, and homosexuality

Skill
- in identifying and valuing situations that show unconditional love
- in coping with increasing peer pressure
- in handling bleeding accidents safely

Positive Attitudes and Values
- about God's unconditional love and their imitation of this love toward persons with the AIDS virus
- toward a Christian stance in regard to experimentation with drugs and/or sex

GRADE 7

Knowledge
- of accurate, sensitive terminology related to the human immunodeficiency virus (HIV) and AIDS
- about the symptoms of HIV infection and AIDS
- about testing for HIV infection
- about effects of HIV/AIDS in greater detail

Skill
- in helping others to know HIV/AIDS research

Positive Attitudes and Values
- toward sensitively responding to persons with HIV/AIDS and their families

GRADE 8

Knowledge
- of the potential stages of HIV infection
- in more detail about the four ways in which HIV infection can be transmitted
- about the morality and risk involved in homosexuality and in using condoms

Skill
- of writing persuasively about needed compassion and respect
- of choosing responsibly regarding sex, drugs, and alcohol

Positive Attitudes and Values
- toward respect and responsibility for sex as well as toward related morality

GRADE 9

Knowledge
- about how the Catholic community is responding to the HIV/AIDS crisis
- about the immune system in some detail
- of safety precautions for handling blood in accidents
- in detail about the four ways in which persons can be infected with HIV

Skill
- in critiquing the accuracy of information about HIV/AIDS
- in applying critical thinking skills to HIV/AIDS-related issues

Positive Attitudes and Values
- toward responding personally and communally to the HIV/AIDS crisis

GRADE 10

Knowledge
- about the effects of HIV and its potential stages of infection
- that persons infected with HIV may have no symptoms
- that treatments — not cures — exist
- about the distinction between homosexual orientation and activities
- about the morality and risk involved with oral and anal sex

Skill
- in assessing actions in terms of moral responsibility

Positive Attitudes and Values
- toward faithfulness in marriage

GRADE 11

Knowledge
- about Church documents related to HIV/AIDS
- about how to prevent the spread of HIV/AIDS

Skill
- in responding in a Christian manner to the HIV/AIDS crisis
- in communicating with others about how to prevent the spread of HIV disease

Positive Attitudes and Values
- of sensitivity to the human issues related to HIV/AIDS
- about the importance of supporting HIV/AIDS-related research

GRADE 12

Knowledge
- about how to replace myths about HIV/AIDS with facts

Skill
- in ministering to persons in need in their own community
- in applying refusal skills to situations after graduation

Positive Attitudes and Values
- about Christian concern for the ill person regardless of the cause of illness

3 Teacher's Materials and Methodology

Basic Considerations for the Teacher

This curriculum is designed to fight both the deadly AIDS epidemic itself and the fear that surrounds it. Both battles can be won by educating today's children and youth — the most precious of the world's resources. These suggested lessons build upon and further develop in each student a healthy self concept, a deep appreciation of Christian values as well as the traditional teaching of the Church, and important life skills — particularly communication, decision making, and assertiveness.

Striving for Balance

In this educational process, the teacher must strike a delicate balance in instruction.

First, the teacher needs to be aware of related Gospel values and Church teaching as appropriate to the students' level of maturity. The teacher clearly presents or elicits the points, leaving theological debates to the theologians.

Second, the teacher remains aware of the partnership with parents, the first and foremost educators of their children. Catholic education's response to the need for AIDS education will build a foundation which can support moral and religious training in the home.

Third, AIDS and AIDS-related issues demand well balanced, sensitive, and thoughtful treatment. On the one hand, unfounded fears must be calmed. On the other, students must not think they are invulnerable to HIV infection because they are neither homosexuals nor intravenous drug users.

Fourth, there must be a balance between what is already known about AIDS and what is not yet known because of the short history of the AIDS virus. Research has established facts about HIV transmission; the teacher, however, will need to stay current with continuing research on the virus and its treatment. One way is by checking current science magazines. Another is by calling the National AIDS Information Clearinghouse at 1-800-458-5231 or the National Pediatric HIV Resource Center at 201-268-8251 or 201-268-8273.

Setting the Climate

Classrooms with the most effective education about AIDS are those where an open and positive climate exists, where teachers and students are engaged daily in witnessing to the Gospel values of compassion, acceptance, dignity, love, and service. Teachers can contribute to that climate by always striving

to prepare lessons in a spirit of prayer and Scriptural reflection;

to reflect on their own attitudes regarding AIDS and to identify a positive personal value system;

to refuse to be judgmental and to continue developing a Christian compassionate response toward persons with HIV infection;

to always approach the topic of AIDS within the framework of Scriptural values and Church teaching;

to present the material simply, at the appropriate level, using correct terminology;

to be gentle, understanding, and willing to assure confidentiality when requested;

to create an open and positive classroom climate where students are encouraged to ask questions;

to admit they may not know all the answers, but are willing to learn what students need to know;

to be supportive when needed;

to encourage students who seem disconcerted by the information to discuss AIDS with a counselor, doctor, their parents, a parish or school staff member;

to utilize knowledgeable resource persons whose views are consistent with Church tradition;

to be willing to help persons with HIV infection and their families at school, at home;

to pray for persons with the HIV disease and share their faith with them;

to be role models to their students, reflecting the fact that everyone is created and loved by God.

Using the Materials

Section 2, the Orientation, concludes with a list of all the basic knowledge, skills, attitudes, and values that compose this curriculum. Following this section, a scope and sequence chart shows when the elements are presented from kindergarten through twelfth grade. Some of the objectives are repetitive, with incremental development at different grade levels. This may give the appearance of an overwhelming amount of material to be covered.

Basically three lessons are designed for each grade level. Developed for use in either schools or religious education programs, these lessons can be taught as a special unit or integrated within a year's program. Within the Catholic school, one lesson may be taught in religion class, another in science, and a third in health or physical education.

This program addresses primarily the issue of HIV infection. It does not replace a comprehensive program of education in human sexuality nor of drug education. In fact, certain lessons for Grade 4 and older assume previous education in human sexuality. If some content is similar to other programs currently in use, the lessons would be adapted accordingly. Parish religious educators will want to identify and omit any facts that are treated within the public school curriculum, emphasizing the elements of Christian response and moral decision making.

The lessons provided are only suggestions. They may not include everything needed in the local situation to meet the objectives. They may need to be adapted to reflect arch diocesan policies. They may also need adaptation to reflect cultural differences. Ideally, the faculty should plan together how this curriculum can be implemented most effectively in the school or program.

With only about three lessons a year, this material is obviously limited in scope. The limited amount is sufficient, however, if the program is consistently used at every grade level. It is not necessary to use additional materials with students.

In fact, it is often unwise to use other materials because many available AIDS education matrials are not appropriate within a Catholic setting. Many resources, for example, assume it is normal for teenagers to abuse drugs and to be sexually active. The Church, on the contrary, fosters the belief that persons are capable of living the Christian vision of human love and responsibility. If any additional materials are used, they need to be carefully screened to assure that they are not only medically accurate, but also consistent with and not opposed to Catholic tradition. The *Implementation Guide* for this curriculum lists criteria for selecting resource materials.

As in all curriculum areas, each teacher will need to consider previous learning, the needs of the students, their capabilities and levels of maturity, and the particular living situations and concerns of the local community.

To assist teachers, the materials prepared for *each grade* begin with some background:

About the Student
Before preparing for any level, the teacher should consider the brief description of the student. The descriptions provided emphasize aspects that are pertinent to AIDS-related education.

To help teachers with accurate and appropriate materials, *each lesson* includes the following elements:

Lesson Objectives
A teacher should check the Scope and Sequence Chart to see whether students have (or should have) mastered any preliminary objectives. If they have experienced preparatory lessons, a moment skimming the prior lessons will help the teacher bridge more effectively to the new objectives. If the students do not seem familiar with the preparatory material, the teacher will be able to include the needed background with the current presentation.

Suggested Teacher
The "Suggested Teacher" section in each lesson lists the recommended person(s) to present the material, e.g., the religion teacher, the health instructor.

Vocabulary
Words that the students may not clearly understand are listed to alert the teacher to student response when the words are used. The meanings of words in common usage are usually clear from the context of the lesson. For technical AIDS-related terms (marked with *), teachers should become familiar with and use the glossary in the back of the publication. Teachers of younger students should be aware, however, that some lessons will specify simpler definitions which are more appropriate for young children.

Teaching/Learning Activities
The indented sections suggest how the teacher might present content to the students. Although few teachers will use the lines verbatim, the suggested "script" will give a clear example of how the content could be accurately and appropriately presented for the particular grade level.

The ideas are more detailed on the primary and intermediate levels to assure gradual introduction of the ideas. By the high school level, more attention is focused on the extensive content and less on the suggested teaching approach.

Handouts and Transparencies
Ordinarily the suggested handouts and transparency masters follow the lesson to which they relate. These teaching aids carry the number of the lesson in which they first appear. At times an advanced lesson will suggest that an earlier transparency will be useful for review; in that case, the transparency master will be found with that numbered lesson; e.g., if Lesson #37

suggests using Transparency #23, the teacher would find that resource with Lesson #23.

Additional Information

A description of the Universal Precautions is included in Section 4, immediately preceding the Glossary. These are basic safety procedures which need to be used in emergencies — whether or not HIV is suspected.

All of these materials are intended to assist the teachers until they develop confidence and ease in the area of AIDS education. Useful ideas and suggested agendas for teacher preparation are included in the *Implementation Guide*.

Scope and Sequence Chart of HIV/AIDS-Related Learning Objectives

Notes: 1. Each local educational setting should determine at what level each year's lessons should be used; e.g., Grade 6 lessons could be delayed till Grade 8 or could be advanced to Grade 5, depending on local needs.

2. Objectives are listed in three categories: Christian Response, Basic Information, Transmission and Prevention. Because of the integration of the Christian dimension throughout the lessons, however, the categories often overlap; e.g. Objective T-9 treats not only the HIV/AIDS-related risk involved with drug abuse, but also considers the morality of using illegal drugs. This is done to accustom students to consider all dimensions —moral and medical — in their decision making.

I. CHRISTIAN RESPONSE: The Moral Context for AIDS and HIV Infection	# = Lesson Number treating objective												
The students will be able to	K	1	2	3	4	5	6	7	8	9	10	11	12
C- 1 understand that God created and loves all people: girls/boys, men/women, sick/well, etc.	#1			#10									
C- 2 list ways in which they can help others who are sick.		#4											
C- 3 demonstrate an understanding of life as a gift and identify the responsibilities that result from that gift.			#7										
C- 4 understand and appreciate the importance of loving unselfishly and responsibly.					#14		#21		#28				
C- 5 identify with Jesus' compassion toward the sick as they express compassion toward persons with AIDS and other serious illnesses.						#17				#29			
C- 6 demonstrate an appreciation of God's unconditional love and relate that understanding to their own treatment of persons with AIDS and other serious illnesses.							#20						
C- 7 describe in accurate and sensitive terms what it is like to have AIDS.								#23					
C- 8 reflect on the pain of persons with the AIDS virus and on the trauma experienced by their families.								#23					
C- 9 respond to any prejudice or alienation shown to persons with the AIDS virus with a sense of conviction and compassion.								#23					
C-10 realize that every person has the right to care, comfort, and consolation when living or dying with AIDS.									#26				
C-11 recognize the responsibility of the living to care respectfully for the remains of the dead.									#26				
C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment.							#21		#28		#34		
C-13 recognize the personal challenge as a Christian in responding to AIDS.										#29			
C-14 form their personal Christian response to problems facing society in regard to AIDS.										#31			

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CHRISTIAN RESPONSE *(Continued)* *The students will be able to*	# = Lesson Number treating objective												
	K	1	2	3	4	5	6	7	8	9	10	11	12
C-15 discuss the human realities and suffering of a person with HIV/AIDS.											#32	#35	
C-16 articulate moral responsibility for actions based on Gospel values and Church teaching.											#32		
C-17 develop a sense of moral responsibility for their own actions.				#10								#35	
C-18 explain the message of the bishops of the nation and/or their local bishops concerning HIV/AIDS.												#35	
C-19 understand and emulate Jesus' concern for the ill person regardless of the cause.													#38
C-20 participate in ministry to persons in need within their own communities — including any suffering with HIV/AIDS.													#38

II. BASIC INFORMATION: A Summary of Medical Information about AIDS and HIV Infection *The students will be able to*	# = Lesson Number treating objective												
	K	1	2	3	4	5	6	7	8	9	10	11	12
B- 1 explain in simple terms the meaning of the word "contagious."			#8	#13									
B- 2 clarify that the AIDS virus — though communicable — is not caught through students' everyday activities or casual contact.				#11					#28				
B- 3 replace myths about AIDS with facts.				#11							#33		#39
B- 4 name three ways in which children can get the AIDS virus.					#15								
B- 5 describe the body's immune system and its destruction by the AIDS virus (HIV).						#18		#25		#30			
B- 6 define homosexuality and related Church teaching.							#21		#28		#34		
B- 7 learn about testing for HIV infection.								#24				#36	
B- 8 define and explain Human Immunodeficiency Virus (HIV).								#24			#33		
B- 9 state that AIDS is technically not a specific disease but a syndrome or condition caused by HIV infection.								#25					
B-10 explain the potential stages of HIV infection.								#24	#27		#33		
B-11 identify the signs and symptoms of HIV infection.								#24	#27				
B-12 apply critical thinking skills to AIDS-related issues which affect families, church and country.										#31			
B-13 explain that a person can feel and appear healthy and be infected with HIV.											#33		
B-14 distinguish that treatments, not cures, are currently available to persons with HIV/AIDS.											#33	#36	
B-15 state the importance of supporting HIV/AIDS-related research.												#36	

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III. TRANSMISSION AND PREVENTION: Knowledge, Values, and Skills to Support Morally and Physically Good Choices	# = Lesson Number treating objective												
The students will be able to	K	1	2	3	4	5	6	7	8	9	10	11	12
T- 1 share from personal experience what it means to feel well and to feel sick.	#2			#13									
T- 2 describe personal experiences with physical signs of affection and affirmation.	#3												
T- 3 identify ideas for playtime at school and at home as either "safe" or "dangerous."		#5											
T- 4 name significant adults with whom they can share secrets and important information.		#6		#12									
T- 5 test criteria for evaluating behavior as good/bad, safe/dangerous, kind/selfish.			#9										
T- 6 perceive themselves as good persons and children of God who are capable of making good choices.				#10									
T- 7 list and explain specific rules and laws that promote health, safety, and wellness.				#12									
T- 8 give examples of refusal skills that can be used to say "no" to any risk behaviors.				#12		#19							
T- 9 articulate the morality of drug abuse and the risks involved in any use of unsterilized needles.					#16	#19			#28				
T-10 suggest ways to deal with peer pressure.					#16	#19	#22						
T-11 explain basic safety precautions related to emergency procedures.				#13			#22			#30			
T-12 identify four ways the AIDS virus (HIV) is transmitted and prevented.							#21	#25	#28	#30		#37	
T-13 discuss Christian response and health hazards related to any experimentation with sex or drugs.							#22						
T-14 explain the morality and risk of HIV infection involved in sexual intercourse outside of faithful marriage.									#28				
T-15 explain the morality and unadvertised risk of HIV infection involved in using condoms.									#28		#34		
T-16 explain the remote risk involved in transfusion with infected blood or blood products.									#28				
T-17 explain the risk to the unborn child of an infected mother.									#28				
T-18 explain the morality and risk of HIV infection involved with oral-genital or anal sexual activity.											#34		
T-19 develop their ability to communicate with others concerning the most common ways of transmitting and preventing HIV infection.												#37	
T-20 apply refusal skills to situations they may encounter after graduation.													#40

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Suggested Lessons for Kindergarten

The Kindergarten Child

Kindergarten children are full of wonder at all of life and have endless questions that spring from their natural curiosity. Children, at this stage, are centers of very small worlds that frequently consist of family members and a small circle of friends. Natural affection and trust of others will continue to develop if kindergarten children have experience, security, and affirmation.

These children have a natural curiosity about body parts. Parents and teachers should make every effort to create an environment where children are free to ask questions about life and their own bodies. This early experience of honesty and trust will set the stage for the children's life-long relationships with significant adults.

Five-year-olds are persons who

- are egocentric;
- are beginning to build a foundation for later concepts of good and bad, right and wrong;
- seek acceptance and affirmation of the significant adults in their lives;
- understand "God" as someone who loves them and cares for them;
- learn by doing.

Some suggestions for teaching kindergarten children

- use personal experiences as a base for broader concepts;
- provide simple opportunities to evaluate experiences;
- use positive signs of affection and affirmation;
- provide concrete experiences;
- invite children to explore the world they inhabit.

Lesson # 1

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to
C-1 understand that God created and loves all people: girls/boys, men/women, sick/well, etc.

Two sessions are recommended.

Overview

After each child is called by name into a special circle, the teacher tells a Bible story about how Jesus healed the sick, then invites discussion, role playing, and location of pictures — all emphasizing that Jesus loves and cares for all people.

Suggested Teacher

Religion or kindergarten teacher

Basic Information and Vocabulary

Kindergarten students are beginning to develop an awareness of the world as larger than one's self. Age five is the perfect time to introduce the child to the loving Creator of *ALL PEOPLE.*

Vocabulary:
all people
special
women
girls
sick
men
boys
young
old
well

Suggested Materials

Flannel Board, prepared flannel pieces, magazines, scissors, paste, and a doll.
Pattern # 1
Bible stories such as Luke 13:10-14 and John 4:43 ff.; use a Children's Bible or tell the story in simple language.

Teaching/Learning Activities

SESSION 1

A. *Gathering*
Draw the children into a circle while saying:
Let's build a circle of special people who are loved by God. . .(e.g., John. . . , Mary. . . , Phillip. . . .)
Call each child by name as you seat him/her in the special circle.

B. *Review*
Review previous teaching about God's love. Explain how "being loved" brings joy to our lives.

C. *Story*
Tell a Bible story that illustrates how Jesus healed the sick, for example the healing of the woman in Luke 13: 10-14. Use the flannel board to focus the children's attention on the characters and action.

D. *Discussion*
Encourage discussion of how various people show care for us when we are sick:

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Mother
Father
Doctor
Nurse
Older brothers and sisters
Baby sitter

E. *Role Playing*
Explain that we are going to pretend to care for a sick child and use the doll for role playing. Establish a few situations similar to the following:

1. The baby is crying. She fell and hurt her knee. Pretend you are her mother or father. How would you show her how much you care? What can you do for her?
2. John is sick with the flu. You are the doctor. What will you do for John? What will you tell him to do?

SESSION 2

F. *Review*
Review yesterday's lesson. Review the concepts of sick and well.

G. *Presentation*
Introduce the concepts of young and old. Recall the many times Jesus healed the sick. Stress that Jesus never asked if a person was young or old. He cared for all people.

List on chalkboard: young/old
sick/well
boys/girls
men women

Additional Biblical References:
John 5:1-9
John 4:46-53
John 9:1-17

H. *Activity*
Have every child find one picture of a person in a magazine. Prepare in advance a poster with the caption "JESUS LOVES AND CARES FOR ALL PEOPLE." Invite the children to come forward and paste the picture of a person on the poster board and identify the person as someone Jesus loves. Encourage them to look for a variety of people because Jesus loves and cares for ALL PEOPLE.

Closure

Pause for a silent moment of prayer. Pray the following prayer for and with the children:

> Jesus, help us to love all people, people who are old and young, people who are well and sick. Help us to love as you love. Amen.

Lesson # 2

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-1 share from experience what it means to feel well and to feel sick.

Overview

Students get to choose masks that show feelings, then through stories they try to share the feelings of others. Finally, they tell their own stories about feeling well and feeling sick.

Suggested Teacher

Kindergarten teacher

Basic Information and Vocabulary

This lesson is intended to develop in Kindergarten age children an appreciation of good health and to instill feelings of compassion and sympathy for those who suffer from any illness.

Vocabulary:
frightened
feelings
happy
well
sick
lonely
sad
ill

Suggested Materials

Paper masks (Patterns # 2a, 2b, 2c) that show the following expressions:
1. Happy
2. Sad
3. Frightened

Handout # 2d

Teaching/Learning Activities

A. *Gathering*
Arrange the children in a comfortable setting that allows individuals to come to the front and "choose a feeling" by choosing a mask. Have one mask with each expression on a table in the front of the room.

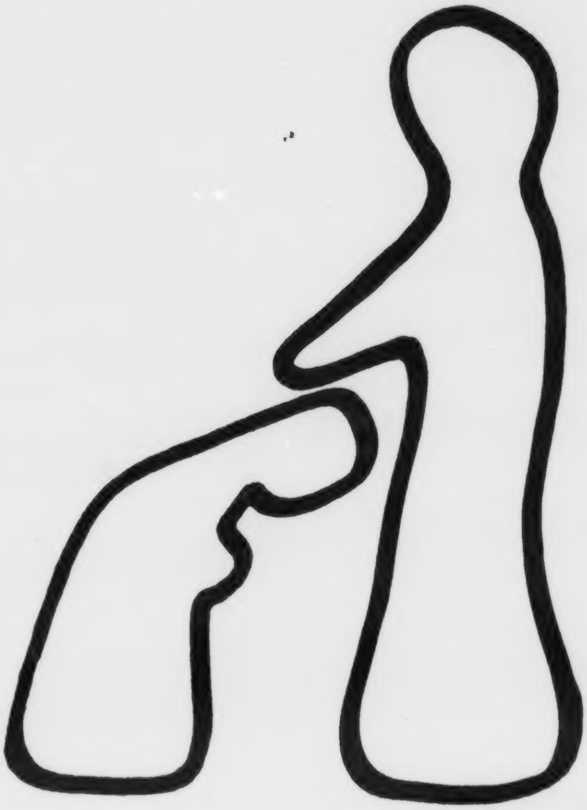
B. *Review*
We all have feelings, don't we? We have talked about our many feelings before.

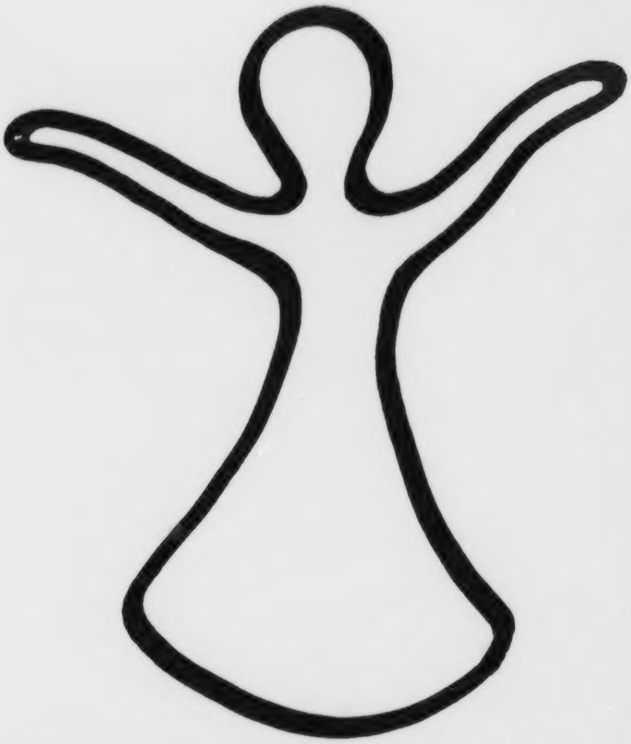
C. *Discussion*
Talk about the masks and the three feelings. Then give the following short example:

I woke up today and looked out the window and saw the

Pattern # 1

Cut out to make flannel pieces





Luke 13:10-14

beautiful sun. I remembered all the wonderful things we were going to do today and I was very happy.

Place the happy mask in front of your face.

D. *Skit*

Now I want each of you to have a turn choosing a mask to show a feeling. I am going to tell you a story about Susie. Susie has many feelings in this story. I am sure you will be able to share her feelings:

One day Susie went to a very special party. It was Molly's birthday. Susie had a beautiful present for Molly. She put on her new green dress and skipped down the block. HOW DID SUSIE FEEL?

Allow a child to come forward and choose a mask to demonstrate this feeling (and others in the activity).

When Susie arrived at the party, all of her friends were there. Susie won a prize while playing a game. HOW DID SHE FEEL?

When it was time for cake and ice cream Susie's head began to hurt and she did not feel hungry. She was hot and weak. HOW DID SHE FEEL?

(sad or frightened)

After each response, allow for discussion among the children.

Suddenly Molly looked at Susie and exclaimed, "Oh, Susie, your face has spots!" HOW DID SUSIE FEEL?

Molly's mother put her arms around Susie and gave her a big, warm hug. She said, "Susie you are fine, you just have chicken pox. Everybody gets chicken pox and I guess it is your turn. You will feel a little sick for a few days, then you will be just fine." She phoned Susie's mother. HOW DID SUSIE FEEL?

Susie's mom came to get her. All of Susie's friends waved good-bye. Molly's mom wrapped up some cake and Susie's prize so she could take them home with her. HOW DID SUSIE FEEL?

E. *Stories*

The story has a happy ending, and usually feeling sick does not last very long, does it? Who can tell us a story about being sick and how you felt?

Allow some time for the sharing of stories and feelings.

F. *Application*

Remember how kind Jesus was to the sick? How do you think Jesus wants us to treat people who are sick?

Encourage discussion.

Closure

We want to remember to thank God for all the times we feel well.

Pause for a quiet moment of thanks.

Distribute Handout # 2d to each child, read the statement above each space, and direct the drawing activity — one picture of the child when well, a second picture when sick.

Have the children share their pictures and stories. Ask them to take them home and share the lesson with their families.

Lesson # 3

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to

T-2 describe personal experiences with physical signs of affection and affirmation.

Overview

The teacher leads the children in recalling and discussing physical signs of affirmation which Jesus used and which the children have experienced. They demonstrate and sing about these positive signs.

Suggested Teacher

Kindergarten teacher

Basic Information and Vocabulary

Kindergarten children are naturally and spontaneously affectionate. Genuine signs of affection and warmth affirm them and strengthen an emerging self-concept.

Vocabulary:

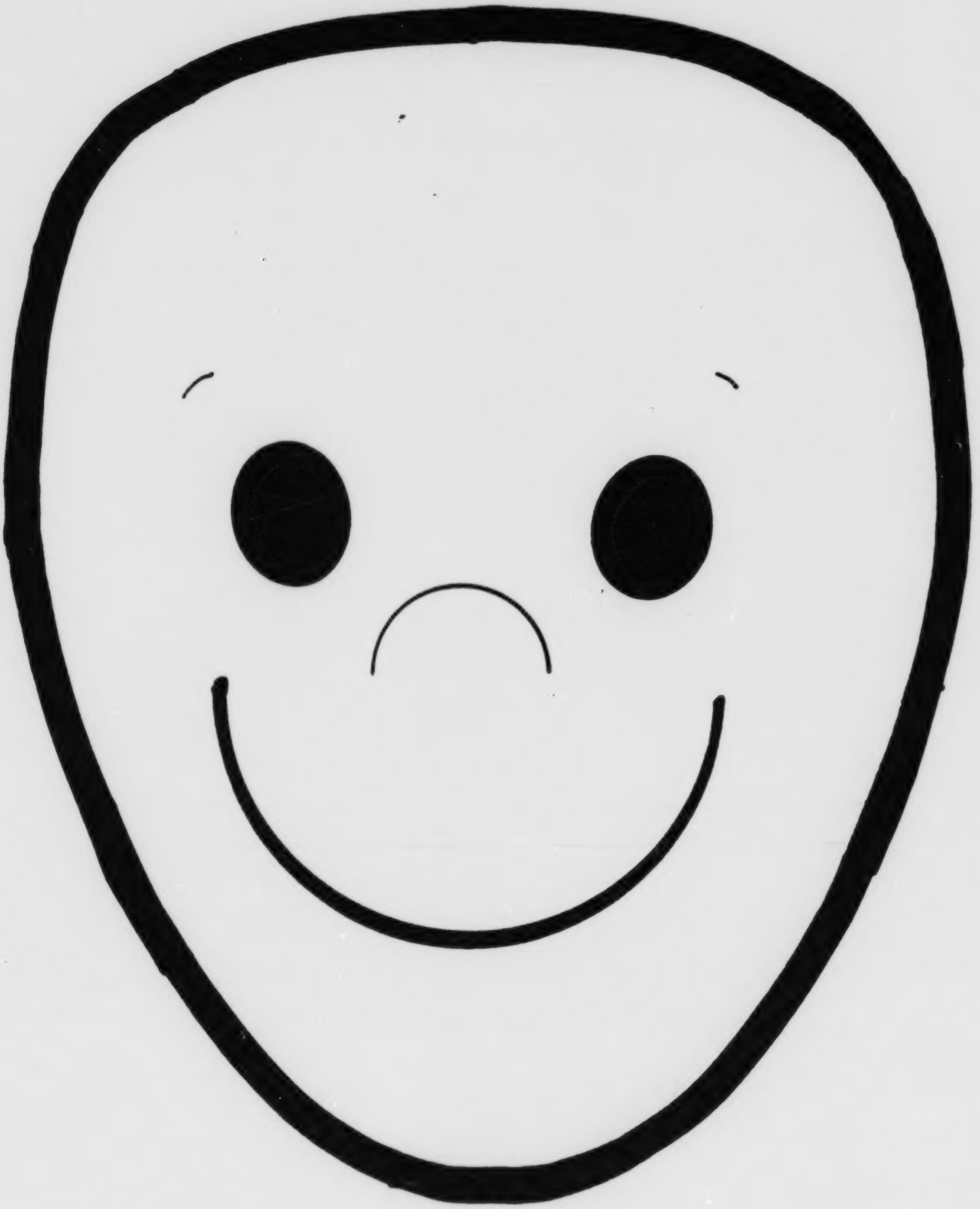
good	touch
hug	"pat on the back"
handshake	"pat on the head"

Suggested Materials

A variety of articles to use in role playing (old clothes, hats, etc.)

A song about togetherness or friendship (e.g., from *Young People's Glory and Praise:* "Reach Out," "God Is Building a House," "Let Everyone Be Happy")

This happy mask may be cut out and pasted to cardboard.



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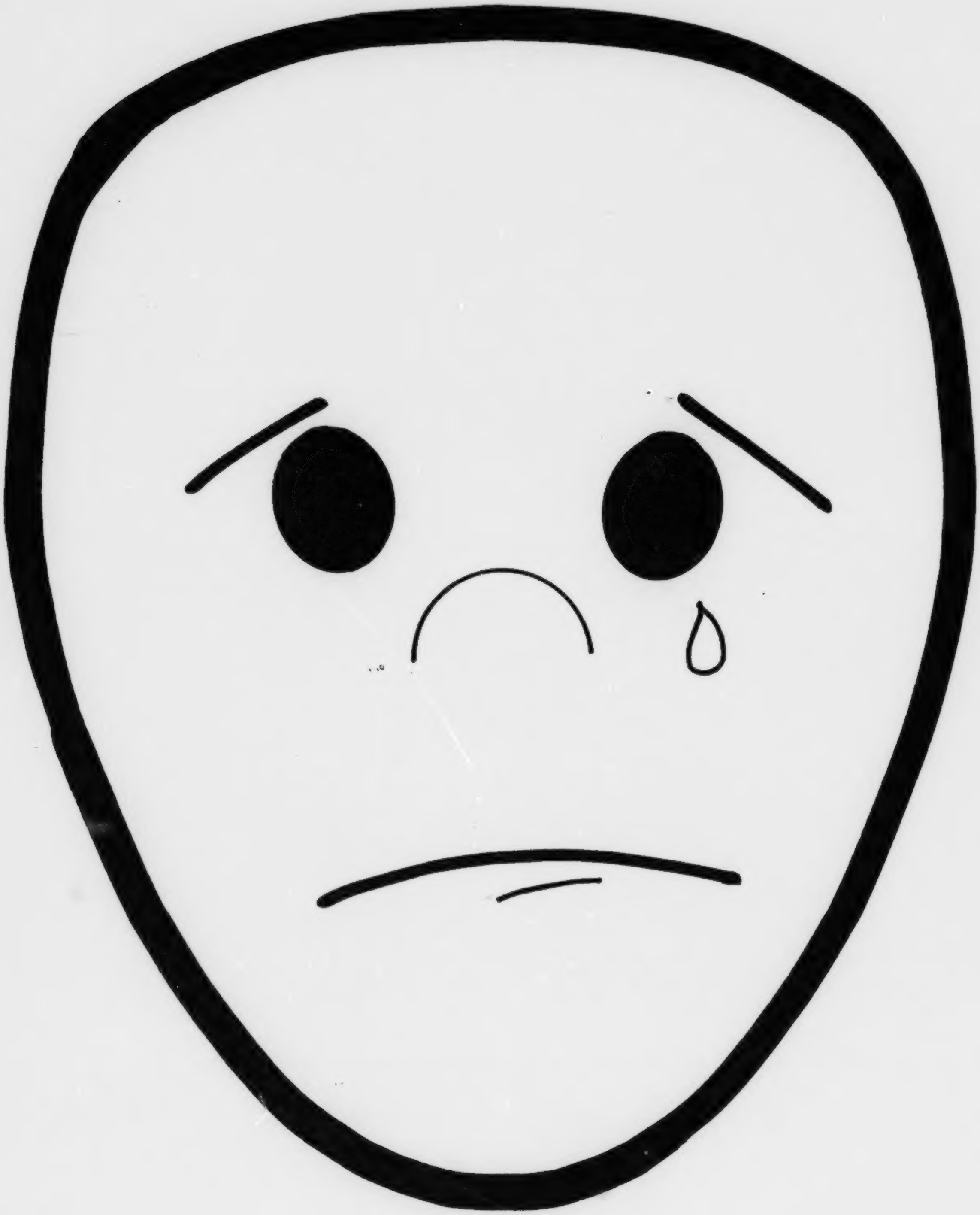
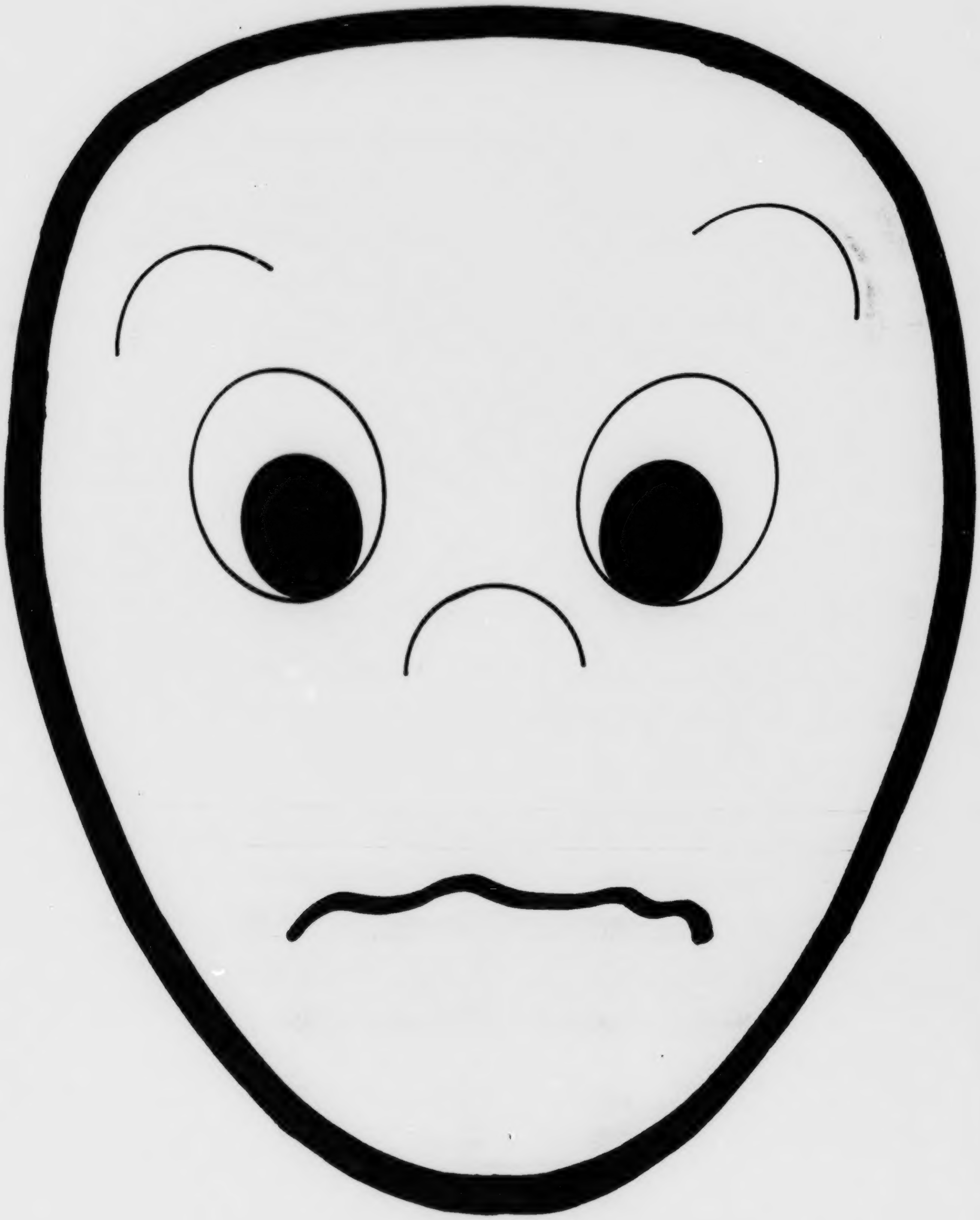
This sad mask may be cut out and pasted to cardboard.



This frightened mask may be cut out and pasted to cardboard.



I feel well most of the time. I can do many things when I feel well. Good health is a gift from God.

Name ____________________

I remember when I was sick. I felt sad and lonely. I needed people to take care of me. It is very important to be kind to sick people.

Teaching/Learning Activities

A. *Gathering*
Gather the children in a circle. Create a happy, friendly environment by singing a song that deals with togetherness and friendship (suggestions above).

B. *Discussion*
Show the children pictures from a children's Bible or art prints that depict Jesus with the little children. Lead the children in a discussion by asking questions:

> How does Jesus look in this picture?
> Why did he reach out so often and touch people?
> How do you think it felt to have Jesus hold your hand or pat you on the head?

C. *Review*

> Jesus reached out to little children and old people, people who were healthy and those who were sick. Why do you think he did that?

Jesus wanted to show that God loves *all* people.

D. *Student Activities*
Brainstorm with the children to recall specific times when someone who loved them had "reached out and touched them."

If the children need help, ask these specific questions and *demonstrate* the action involved in each:

1. When I shake John's hand like this, what am I showing him?
2. If I pat Alice on the head as I pass her chair, what am I saying to her without using words?
3. When I patted Mike on the back after his home run yesterday, how do you think he felt?

(proud, appreciated)

4. I saw two little children skipping down the sidewalk a few days ago and they were holding hands. Why do you think they were doing that?

(to feel safe, to tell one another they were friends)

These are all examples of touches that makes us feel happy, safe, and loved.

We have all had persons touch us in ways that are not friendly or kind. I saw one child push another student on the playground yesterday. A push is not a good way to touch someone, is it?

Can you name some unkind or mean way of "touching"? Allow time for discussion.

E. *Acting*
Have the children dress up and act out some experiences of touches that made them feel loved and appreciated. (Dressing up — though not necessary — adds much to the activity.) Adapt the song, "IF YOU'RE HAPPY AND YOU KNOW IT" to include the following:

....shake a hand
....give a hug
....hold a hand
....pat a back.

Closure

Conclude by having the children express how the touches discussed in class are a wonderful way of sharing love and concern. Help them to commit themselves to demonstrating affection and affirmation through positive physical signs.

The Call

For an ongoing activity, suggest that the children show their love and care by making cards or pictures for persons in a local hospital or nursing home.

Suggested Lessons for Grade 1

The First Grade Child

Modeling of adults is critical to the development of first grade children. Their concepts of right and wrong are formed by the actions and words of the significant adults with whom they relate. These children are highly imaginative and frequently confuse fact and fiction. It is important that teachers and parents take the time necessary to explain reasons for certain rules to six-year-old children. It is at this stage that their own abilities to make wise choices begin to develop.

Six-year-olds are persons who
- learn best when involved in concrete experiences;
- are able to distinguish between safe and dangerous situations;
- relate to their own bodies and exhibit a healthy curiosity about body parts;
- experience deep feelings and are able to demonstrate genuine affection;
- frequently exhibit the desire to help others.

Some suggestions for teaching first graders
- build on concrete experiences;
- provide opportunities to identify activities as "safe" or "dangerous";
- explain reasons for certain rules;
- respond comfortably to questions about the body;
- provide opportunities to express positive feelings;
- provide simple opportunities to help others.

Lesson #4

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to
C-2 list ways in which they can help others who are sick.

Overview

After pretending to have various feelings, the children focus on the feeling of being sick, listen to the story of The Good Samaritan, pray for the sick, then consider simple, practical things they can do for sick family members, friends, or neighbors.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

Six-year-old children love to help. Their desire to serve and please others should be nurtured while setting parameters of safe and appropriate behavior when helping the sick.

Vocabulary:
kind share
care helper

Suggested Materials

The Good Samaritan, Little People's Paper Backs, G.A. Pottebaum, Seabury Press, New York, 1964
Handout # 4
Bible Stories

Teaching/Learning Activities

A. *Introduction*
Catch the children's interest with the idea of a play and prepare them to experience new feelings and emotions.

Has anyone ever been to a play?
What is a play?
Do you ever like to pretend that you are someone other than who you are?
Sometimes pretending is just for fun. Sometimes, by pretending, we can learn very important things — such as how it feels to be someone else.

Who can show the class, just by changing the way you walk and look, how it feels to be. . .

— lonely	— lost
— happy	— loved
— hungry	— scared
— frightened	— excited

B. *Review*
Usually we feel happy and healthy. When we feel well we often forget what it was like to be sick. How does it feel to feel sick?
Have children recall feelings.

Jesus always showed concern for sick people and took care of them. Who can remember some of the stories that give us examples of Jesus caring for the sick?
Allow time for the children to retell some stories. Stress Jesus' example of loving and caring for the sick.

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C. *Scripture Story*
From a children's Bible, read the story of *The Good Samaritan* to the students. Tell them that Jesus told that story to his friends to teach them how to care for the sick.

D. *Reflection*
Invite the children to be very still. Tell them to listen carefully and to follow your directions:

> I want you to be very quiet. I want you to be so quiet that you can hear your own breathing. If you are very still, you can hear your heart beating. Take a moment to thank God for your good health.
>
> Close your eyes and think of someone you know who does not feel well. Maybe you know a person who suffers from pain or a serious illness. Think about that person. How do you think that person feels today? Pray quietly and ask Jesus to help that person to feel well and to be happy.

E. *Discussion*
Lead the children from feeling to action.

> Sometimes all we can do for a sick person is to pray. Some people are so sick that only doctors, nurses and other adults can help them.
>
> Many times, however, we know people at home or in our neighborhood who are sick and need our help. Can you think of any people you can help?

Encourage discussion that includes:
— spending time with a housebound friend who is lonely;
— carrying food for your family members if they are too sick to come to the kitchen;
— doing simple chores for a neighbor who might not be able to leave the house;
— not letting your friends make fun of a person with a handicap.

Closure

Use Handout # 4 to draw the lesson to an end and to provide information to the parents of the children through the take-home activity:

> This take-home sheet has three short stories. Each story ends with a question. You can answer each question with a picture.

Work through the activity. Instruct the children to take the paper home and to share it with their families.

Lesson #5

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able
T-3 to identify ideas for playtime at school and at home as either "safe" or "dangerous."

Overview

Beginning with a game, "What Would You Do?," students consider a variety of possible experiences and associate them with the ideas of "safe" or "dangerous." They make lists of safe choices for both home and school.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

First grade students have a basic understanding of right and wrong. It is a reflection of the concepts of right and wrong expressed and modeled by the significant adults in their lives. This lesson is intended to encourage six-year-old children to weigh their own choices before acting to determine if they are safe or dangerous.

Vocabulary:
safe dangerous

Suggested Materials

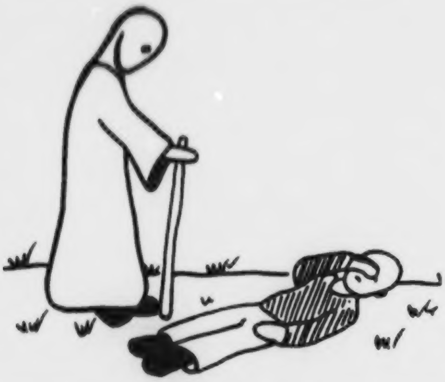
Large chart pad
Tape
Magic marker
Blackboard
2 ribbons, 2 tags

Teaching/Learning Activities

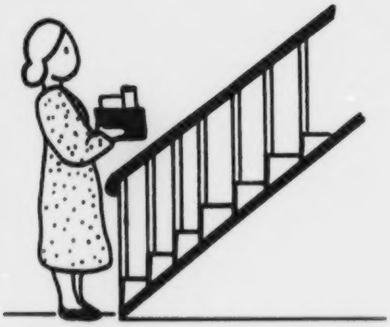
A. *Introduction*
Initiate the lesson as a special FIRST GRADE EVENT that will result in something special being created.

> I'd like to play a thinking game called, "What Would You Do?" To play, you have to listen very carefully and raise your hand if you want to answer my question.

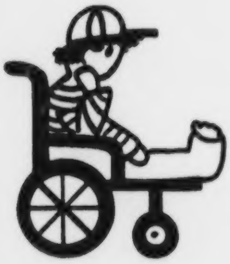
Jesus told the story of the Good Samaritan to his friends. He wanted them to understand that the sick are precious people. He wanted to teach them to love and care for people in need. What did the Good Samaritan do for the injured man?



Your grandmother does not feel very well today. She is very weak and tired. She needs to carry a small package up to her room. How can you help her?



Tommy is your best friend. He fell and broke his leg and will not be able to come to school for two weeks. He is very lonesome at home. What can you do to help Tommy?



Name ______________________________

1. Tommy rode his bike to Joey's house. When he reached the corner, the light was almost ready to turn red. He was sure he could ride fast and beat the light. What would you do?
2. Mary got home a few minutes early on Friday afternoon. Her mom was not home yet. Mary entered the house with the key that was kept in the mailbox. She was hungry. She thought about cooking something to eat. What would you do?
3. Janie and Ann were walking home from school on a very cold day. A woman they did not know stopped her car and offered them a ride. What would you do?
4. Mark was in a hurry to eat his lunch. He started pushing in the lunch line. What would you do if you were in front of Mark?
5. You are in the shopping center with your big brother. He is shopping for a video. You are looking at records. Suddenly, you look around and can't find him. What would you do?
6. It is Saturday. You are playing in the park near your home. A grown-up you do not know comes into the park and begins to talk with you. He offers you candy. What would you do?

B. *Experience*
Write the words *safe* and *dangerous* on the board. Ask the children to tell stories from their own experience describing times when they felt safe and other times when they felt in danger.

C. *Story*
Read a story to the children from a library book that deals with a dangerous situation for the main character. Allow the children time to react to the situation.

D. *Classification*
Tape two sheets of large chart paper onto the board. Write on the top of one sheet, "SAFE THINGS TO DO AT HOME" and on the other "SAFE THINGS TO DO IN SCHOOL." Ask the students to suggest things to be written on each list.

Closure

Explain to the children that this lesson never ends, that we are always learning new ways to make safe choices.

Keep the chart paper in a prominent place and refer to the "safe choices" throughout the week. Allow the children to add to the list each day. Ideally, several sheets of chart paper will be needed.

After several days, remove the chart paper from the chalkboard. Tape the sheets together end to end and roll both sets into scrolls. Tie the safety scrolls with colorful ribbon and label each with decorative tags: Our Safe Choices in School, Our Safe Choices at Home. Display these in a prominent place.

Open the scrolls at regular intervals throughout the year and allow the children to add to each list.

Lesson #6

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to
T-4 name significant adults with whom they can share secrets and important information.

Overview

The children imagine situations and the persons they can trust with secrets. Through discussion and a handout, they understand which persons are special friends whom they can trust with important information.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

Young children are naturally trusting of adults. It is "bad experiences" that cause them to be wary or suspicious. Their safety and development for future years will necessitate seeking and acting upon morally sound, safety-conscious, and wise advice. The teacher plays a special role in the life of the six-year-old student by serving as a trusted, adult friend as well as a gentle guide and authority figure.

Vocabulary:
adult
secret
trust
special friend

Suggested Materials

Handout # 6
A quiet environment
A bulletin board: "People we can trust are a special gift from God."

Teaching/Learning Activities

A. *Introduction*

We know that God loves all people. All people are special. God gives each of us some special helpers and friends. God knows we need special friends to trust.

B. *Activity*

Explain to the children that all through their lives they will have some special friends and helpers. Help them to identify the special helpers who are in their lives now. Play a silent, imaging game:

> Close your eyes and be very still. We are going to use one of our very special gifts, our imagination.
>
> Imagine that you are at home and it is Christmas. You have a wonderful secret to share with a special person. Think! With whom will you share your secret? Who is one special person you can trust at home?
>
> Imagine that you are walking home from school. You think someone should know that an old man, who is sitting on the park bench, looks very sick. Whom will you tell? Whom can you trust?
>
> Imagine that you are playing in the school yard at lunch and you see something dangerous. What will you do? Whom can you trust?
>
> You have a serious problem. It is making you sad and causing you to worry. You worry so much that you don't sleep at night. What can you do? With whom can you share your problem? Whom will you trust?

C. *Review*

Recall the joy of sharing with a friend. Lead the children to understand that some of our special friends with whom we share our special problems and secrets are grown-ups.

Closure

If a related bulletin board has been prepared, point to it while summarizing with the words

People we can trust are a special gift from God.

Use Handout # 6 — a drawing of each student's special helpers — to conclude the lesson. Send the drawings home with the students to be shared with persons they trust.

The Call

For an ongoing activity, suggest that the children remember the sick in their morning prayers. Encourage the students to mention family members and friends who are ill.

43

Name ____________________

God has given me special helpers with whom I can share my secrets. I can trust my special helpers. They help me solve my problems and they listen to my questions.

MY SPECIAL HELPERS

Suggested Lessons for Grade 2

The Second Grade Child

The faith life of second grade children can, with positive and creative guidance, set the stage for life-long commitment to Gospel values. A personal encounter with Jesus in the Gospel stories gives children an experience of master teacher, healer, and compassionate "care taker." These children are growing less self-centered and more conscious of their responsibilities to others.

Seven-year-olds are persons who
- are developing a personal relationship with Jesus;
- are highly competitive but respond to suggestions regarding compassion and co-operation;
- rely almost entirely on others to define "good" and "bad";
- understand sickness and health and the feeling associated with both;
- love to learn and are naturally inquisitive;
- are able to relate to their own bodies.

Some suggestions for teaching second graders
- use simple Gospel stories about Jesus;
- model the identification of right and wrong actions;
- suggest ways of helping and working with others;
- offer opportunities to express feelings;
- answer questions promptly and simply;
- encourage learning through concrete experience.

Lesson #7

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to
C-3 demonstrate an understanding of life as a gift and identify the responsibilities that result from that gift.

Overview

Children get to guess what is their most precious gift, then to find the answer in a box which contains a mirror. They talk about how they should care for that precious gift of their life.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

Second-grade students understand that actions have consequences. At the same time they are beginning to relate competitively with their peers. They are also growing more conscious of their responsibilities to others. Their value judgments can be deeply affected by their personal relationship with Jesus. It is an opportune time for teachers and parents to direct the positive formation of conscience.

Vocabulary:

- gift of life
- responsibility
- treasure
- precious
- care for

Suggested Materials

Box
Mirror
Gift wrapping
Handout # 7
Closing song about "life" or the special quality of each person (e.g., from *Young People's Glory and Praise: "Love Life,"* "Signs of New Life," "Children of the Lord")

Teaching/Learning Activities

A. *Introduction*

Make it a special moment! Place a small mirror in a fairly large box. Wrap the box as a beautiful gift and place the beautiful box on your desk. Allow the children to react to the box.

Ask them to describe the most precious gift they ever received in a box similar to the one displayed. Listen to their stories.

Encourage them to describe the ways in which they care for gifts that are precious to them. Let them explain how they prevent a special gift from being broken, damaged, or lost. Listen to their stories.

Explain to the children that when given precious gifts, we are given a great responsibility. We are responsible for caring for those gifts.

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B. *Presentation*

Every year at Thanksgiving we thank God in a special way for all of his gifts to us. What are some of our most precious gifts?

(Love, family, health, friends, school, etc.)

List the children's responses on the blackboard. Lead the children to see that life is a precious gift. Without it, we could not experience any other gifts.

Write the word LIFE on the chalkboard. Ask the children these questions:

1. How do we care for the gift of life?
2. What can we do to care for the gift of life that God gave to a friend or a brother or sister?
3. How do we treat our friends, brothers, and sisters to show them that we know they are special gifts from God?
4. Your body is a great gift from God. How can you protect it and keep it well?

You have just described the great responsibilities you have in caring for God's precious gift to you — your life.

C. *Activity*

First I will ask two of you to unwrap the box. Then, I want each of you to come forward. One at a time, you will look into the box and see a precious gift — a gift that needs you to care for it and protect it. Don't tell anyone what you see until every child has had a chance to see the precious gift.

Ask two students to unwrap the box, then invite the children to look into the box one at a time.

D. *Discussion*

What is the precious gift?

Allow time for discussion and review of the responsibilities that come with the great gift of life.

Closure

Conclude with a song about life or the "special" quality of each person. (Possible songs are named in "Suggested Materials.") .

Have each child complete Handout # 7 — drawing pictures of good foods, safe actions, and special friends — and take it home to share.

Lesson #8

BASIC INFORMATION

Lesson Objective

The student will be able to

B-1 explain in simple terms the meaning of the word "contagious."

Overview

The teacher helps the students to identify visible and invisible things, then demonstrates (using a bean bag) how germs can be spread. The children then discuss how they can prevent the spread of germs. They review new words and complete a related art activity.

Suggested Teacher

Science, health, or religion teacher

Basic Information and Vocabulary

Students in the primary grades have experienced illness in various forms from virus infections to broken bones. Seven-year-old children are able to grasp that some illnesses are "caught" while some other forms of sickness or injury pose no danger to others. Teachers should develop this awareness fully. It will serve as the basis of understanding one's personal responsibility related to prevention of illness.

Vocabulary: (* = in Glossary)

*contagious
visible
*germ
catch
invisible

Suggested Materials

Transparency Master # 8a
A small bean bag
Handout # 8b

Teaching/Learning Activities

A. *Introduction*

Set the learning climate by reminding the children that life and good health are gifts from God and that we must take care of our gifts.

B. *Presentation*

Print the words VISIBLE and INVISIBLE on the board.

Ask the children if anyone can explain what these two words mean. Accept answers and clarify the concepts.

Name ______________________________ **Handout # 7**

I eat the right foods so I will stay well. My life is a precious gift from God.	These are some of the good foods I eat.
I don't do dangerous things. I do safe things. Life is a very special gift. I take good care of it.	This is one thing I do to be safe.
My friends are special gifts from God. I never hurt them. I help to keep them safe. Their lives are precious too.	I take good care of my friends.

I am special. God gave me the great gift of life. It is a precious gift and I take very good care of it.

My desk is visible, air is invisible. Your parents are visible. God is invisible. A broken leg is visible, germs are invisible. Who can tell me what germs are?

Accept responses, then clarify:

Germs are invisible, living things. They are everywhere: on the floor, on my desk, in the air, and in the water, too. We cannot see germs. They are invisible. Some germs are "bad germs" and they make us sick. Many germs do not make us sick.

C. *Discussion*

Ask the children to share their personal experiences of catching

— a cold
— the flu
— strep throat
— chicken pox

Affirm each story with an appropriate comment, such as

— Yes, Alex, you caught your sister's cold. You caught the germ that caused her to get sick.
— That's right, Judy. You caught Mary's chicken pox. Chicken pox is a contagious disease. You can spread it and you can catch it.

Write the word "*contagious*" on the board. Let the children tell stories about "catching" contagious diseases.

D. *Activity*

Display the bean bag and tell the children:

We are going to pretend that this bag is a germ. A real germ is so small that we can't see it. Today we will pretend this is a giant germ.

Hand the "giant germ" to a child in one corner of the room and give the following directions so the children can "watch the germ travel."

Phil, we are pretending that you have a germ that causes colds.

(Phil holds the bean bag.)

Stand up, Phillip, and talk with Mary.

(Mary is at the next desk.)

Leave the bean bag on Mary's desk. Now Mary has the germ. Mary, you invite Alice to look at your new story book.

(Alice walks to Mary's desk.)

Now Alice has the cold germ.

(Alice holds the bean bag and walks to the next row of desks and picks out a student. She pretends to share a glass of milk with the student.)

Continue to give directions that include a make-believe sneeze (without using a tissue), a cough without covering the mouth, a hug, a laugh, etc.

When the "giant germ" gets to the other side of the room, clarify what happened:

We pretended that we had a germ that was visible. We wanted to see it spread and we wanted to see how easy it is to catch contagious diseases.

E. *Application*

Can you name some things that we can do to prevent the spread of germs?

— cover mouth when coughing
— use a tissue when you sneeze
— keep your hands clean
— wash your hands before you eat
— etc.

F. Use Transparency Master # 8a to review new words and definitions.

Closure

Help the children complete the art activity with Handout # 8b, drawing pictures of three things they can do to prevent the spread of germs.

Lesson #9

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

T-5 test criteria for evaluating behavior as good/bad, safe/dangerous, kind/selfish.

Overview

Using very short stories, the teacher helps the children to identify choices as good or bad, safe or dangerous, kind or selfish. The students make up more examples and practice what they have learned in an art activity.

Suggested Teacher

Religion, science or health teacher

Basic Background and Vocabulary

It is very important to continue to expand the children's concept of right and wrong at this age, and to relate that concept to the life and teachings of Jesus. As the world of the students broadens to include persons outside the home and school, they will need to rely on criteria to evaluate their choices.

VISIBLE	SOMETHING THAT IS VISIBLE IS SOMETHING WE CAN SEE.
INVISIBLE	WHEN SOMETHING IS REAL BUT WE CANNOT SEE IT, THEN IT IS INVISIBLE.
GERM	A GERM IS A LIVING THING THAT IS INVISIBLE. SOME GERMS ARE HARMFUL AND THEY CAN MAKE US SICK.
CONTAGIOUS	A CONTAGIOUS DISEASE IS A DISEASE THAT CAN BE "CAUGHT" AND "SPREAD." WHEN WE SHARE A HARMFUL GERM, WE CAN SPREAD A CONTAGIOUS DISEASE.

Name ______________________

I can do many things to prevent the spreading of germs. Here are three of them.

1

3

2

Vocabulary:

choice	dangerous	selfish
good	safe	right
bad	kind	wrong

Suggested Materials

Bible
Familiar story books
Art paper and crayons
Handout # 9

Teaching/Learning Activities

A. *Introduction*

When you were little, you probably did things that were not safe — just because you were little and did not understand danger. Your parents had to teach you not to play in the street or touch the hot stove.

Now that you are in second grade, you know many things are right or wrong to do. Some things are safe to do and some are dangerous. Many of our choices are kind, but some can be selfish.

This lesson is a lesson that will help us share our ideas about staying safe, doing only things that we know are good and trying always to be kind.

B. *Presentation*

Print these six words on six small strips of white paper and tape them on the chalkboard across the front of the room:

good	bad
safe	dangerous
kind	selfish

Tell the children to pay careful attention while you tell them several very short stories. Use the first one to demonstrate the activity.

1. Mark and Fred were playing ball in Fred's yard. The baseball rolled into the street. Mark and Fred thought about chasing the ball, but they changed their minds. Mrs. Hobbs came across the street and picked up the ball. She told the boys they were very smart as she handed them their ball.

Question: Do you think Mark and Fred made a safe choice or a dangerous choice? ________________, please take the chalk and put a check mark under the word "safe" or under the word "dangerous."

2. Susie was all alone on the playground. She looked very sad. Molly saw and wanted to help her. Molly went over to Susie and said, "Susie, come and jump rope with us. It's fun!"

Question: Who can read these two words? (pointing to "kind" and "selfish")

Who can check the word that best describes what Molly did?

3. Jack wanted to go to the game. He needed $1 to buy a ticket. So he decided to take it from his mother's purse without asking.

Question: Was this a good choice or a bad choice?

C. *Practice*

Invite the children to work in pairs and make up similar situations. Continue to have the students identify the choices as good or bad, safe or dangerous, kind or selfish. Use care that "good" and "bad" are related only to actions that have moral connotations and that are relevant to the seven-year-old child.

D. *Activity*

Distribute Handout # 9. Instruct the children to draw three pictures to complete the frames:

I make a safe choice.
I make a good choice.
I make a kind choice.

Closure

Allow time for students to share the stories reflected in their drawings, inviting with questions such as

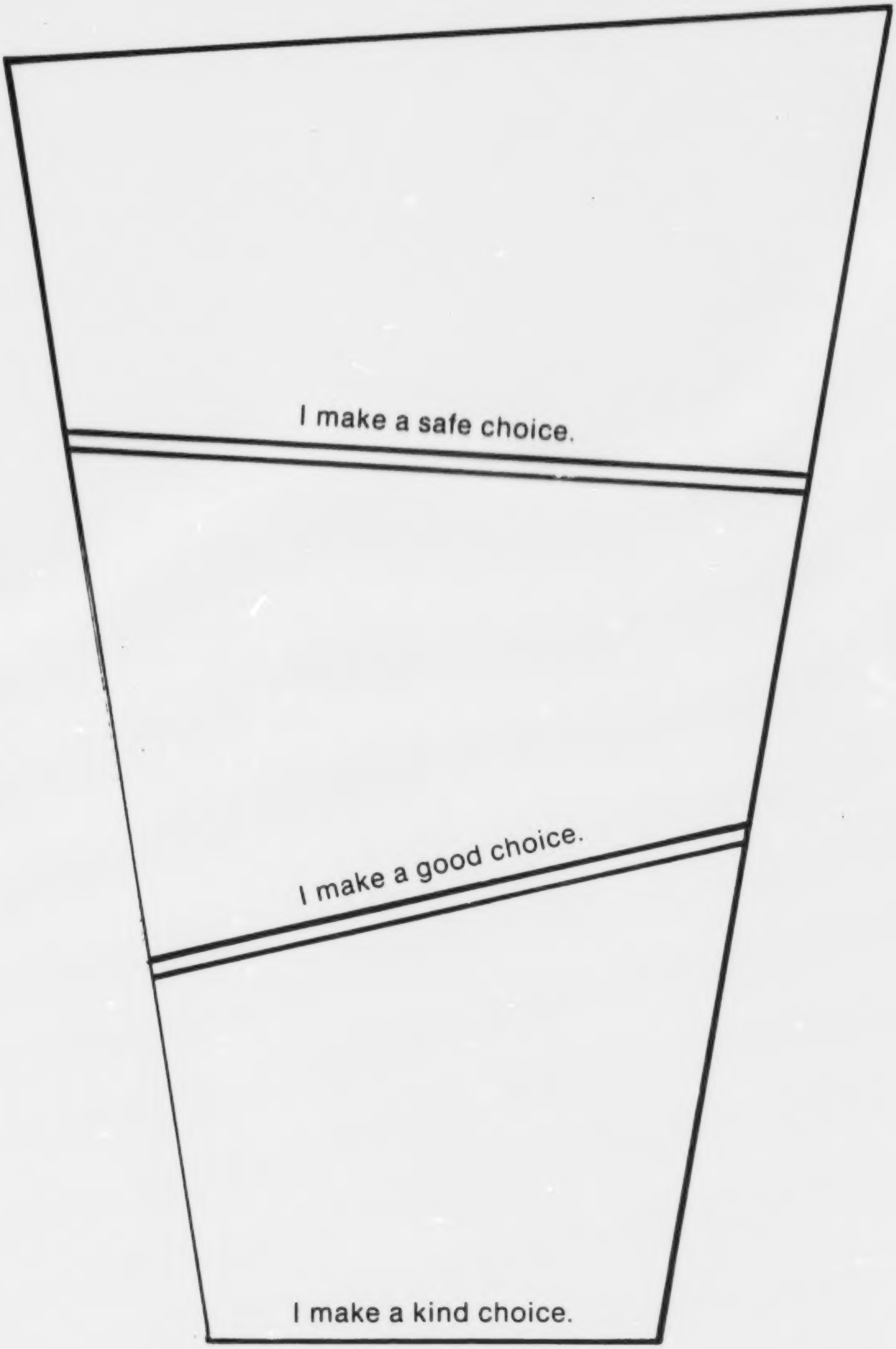
Who would like to tell us about one safe choice you made?

The Call

For an ongoing activity, initiate a sharing tree so that students may share good deeds they have done during the week. Good deeds might be represented by leaves or ornaments that each child may hang on the sharing tree.

Handout # 9

Name ____


I make a safe choice.
I make a good choice.
I make a kind choice.

Suggested Lessons for Grade 3

The Third Grade Child

Third Grade children move into significant relationships with their peers. They become increasingly conversant and interested in "ideas." A clearer sense of time and space is evident at this stage as well as an understanding of consequences related to behavior. Acts of intentional kindness are evident in the eight-year-old. The time is appropriate for maximizing the children's sense of personal responsibility for their actions. Knowing they are loved and forgiven for errors is an equally important facet of conscience formation.

Eight-year-olds are persons who

- express and respond to signs of affection and affirmation;
- can accept responsibility for their own choices and decisions;
- are beginning to process abstract ideas and values;
- need personal, positive guidance in conscience formation;
- demonstrate a trust of significant adults while beginning to form commitments in friendship with their peers;
- remain curious about their own bodies and body parts of the opposite sex.

Some suggestions for teaching third graders

- increase opportunities to work with peers;
- emphasize the consequences related to behavior;
- invite children to exercise personal responsibility for their actions;
- begin to bridge from concrete material to abstract ideas;
- answer questions about body parts promptly and simply.

Lesson # 10

CHRISTIAN RESPONSE; TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to

C-1 understand that God created and loves all people: girls/boys, men/women, sick/well, etc.;

C-17 develop a sense of moral responsibility for their own actions;

T-6 perceive themselves as good persons and children of God who are capable of making good choices.

Overview

Children name good choices from their experiences and their reading stories, generating criteria for a good choice. They print good choices and color "choice blocks."

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

Children at this level make noticeable gains in self-motivation. They are increasingly able to think symbolically. Sensitivity to "mystery" becomes apparent as a faith life assumes a place of importance in their lives.

Vocabulary:

choices	evaluate
good people	

Suggested Materials

Transparency Master # 10a
Handout # 10b, Sides 1 and 2
Pencil, crayons

Teaching/Learning Activities

A. *Introduction*
How many children do we have in this class?

Use Transparency # 10a and fill in the number of students in the class to complete the sentence. Have the children read the overhead together:

This is our class. There are ________ special people in this classroom. These people make good choices.

Then comment with specific student names and examples:

________ makes good choices. Yesterday he ________ . . . .
________ makes good choices. Today she ________ . . . .

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Note: When using "good," the examples should have moral connotations and should be relevant to the eight-year-old child.

> Today we are going to learn how to make a good choice each time we have to make a decision.

B. *Story*
Using a story from your reading series that is familiar to all of the students, discuss good and bad choices made by characters in the story (e.g., caring for or stealing another's property, telling the truth or lying).

C. *Discussion*
Ask the children how we and other children of God determine if a choice is good or bad. Generate criteria such as:

1. Would Jesus make this choice?
2. What would my mom think? (dad, grandparents, etc.)
3. If I make this choice, will anyone get hurt?
4. Will I make anyone sad with this choice?
5. Will I break any rules or laws with my choice?

Allow the conversation to unfold and make use of the children's suggestions to list the criteria.

D. *Practice*
Distribute Handout # 10b. Explain Side 1 and review the criteria for a good choice. Then explain Side 2 of the handout:

> Our choices are the building blocks we use as we live our lives. You make choices every day. Usually, you make very good choices that are safe and kind.
>
> Tonight, I want you to take home this picture of "choice blocks" and before you go to bed, print one good choice you made today in each block. Please share both sides of your paper with someone at home tonight and bring the paper back tomorrow.

E. *Review*
On the next day the children first review the criteria for a good choice. Then, using their crayons, they color each "choice block" that contains a good choice. If they wish they may share their good choices with their classmates.

Closure

Remind the children that they are good people and children of God who can make good choices. Conclude by displaying their colored "choice blocks" and by re-reading Transparency # 10a.

Lesson # 11

BASIC INFORMATION

Lesson Objectives

The students will be able to
B-2 clarify that the AIDS virus — though communicable — is not caught through students' everyday activities or casual contact;
B-3 replace myths about AIDS with facts.

Overview

After a general review about germs and ordinary communicable diseases, the teacher identifies the name of AIDS — which the children have heard — and emphasizes the point that the virus that spreads this serious disease is not caught through children's everyday activities. The focus is on allaying unfounded fears.

Suggested Teacher

Science, health, or religion teacher

Basic Information and Vocabulary

Students know that some germs may be spread by casual contact: sneezing, sharing a drinking glass, etc. It is VERY IMPORTANT THAT CHILDREN REALIZE THAT MANY OF THE THINGS THEY HEAR ABOUT AIDS and PERSONS WITH AIDS are not based on fact and are, in fact, the result of irrational fears.

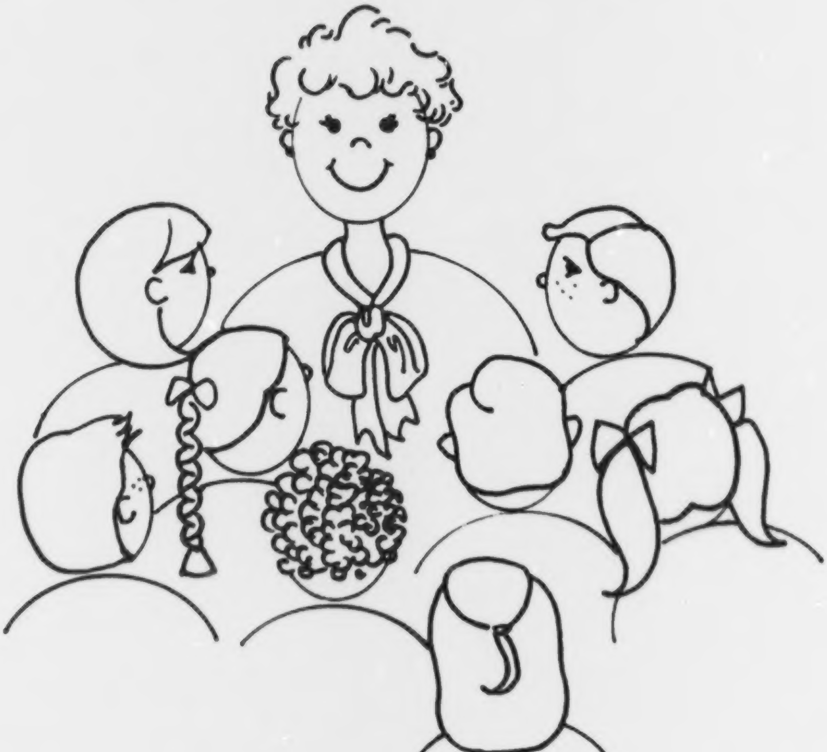
It is at this age that compassion toward persons with AIDS should be nurtured.

Important: In accord with guidelines of the Centers for Disease Control, at this level the teacher should stress how the AIDS virus is NOT communicated. The use of contaminated needles by illegal drug-users may be given as a means of spreading the AIDS virus. It is important to stress that doctors and nurses use safe, clean needles to administer medication.

If needed, Transparency # 15b about how children can catch the AIDS virus may be used. Information related to sexual

THIS IS OUR CLASS. THERE ARE ______ SPECIAL PEOPLE IN THIS CLASSROOM.

THESE PEOPLE MAKE GOOD CHOICES.



I WANT TO MAKE A GOOD CHOICE.

I WILL ASK MYSELF SOME QUESTIONS.

1. Would Jesus make this choice?
2. What would my mother think? (dad, grandparent, etc.)
3. If I make this choice, will anyone get hurt?
4. Will I make anyone sad if I make this choice?
5. Will I break any rules or laws with this choice?

Handout # 10b, Side 2

My name is ____________________

I make good choices.

CHOICE BLOCKS . . . CHOICE BLOCKS . . . CHOICE BLOCKS

CHOICE BLOCKS . . . CHOICE BLOCKS . . . CHOICE BLOCKS

CHOICE BLOCKS . . . CHOICE BLOCKS . . . CHOICE BLOCKS . . .

transmission of AIDS should be used only if needed to answer specific questions.

Although AIDS is technically not a specific disease, that technicality is not considered until Lesson # 25. At this age, the simpler word "germ", is still used; in discussing AIDS, the more precise word, "virus," gradually replaces the earlier term.

Vocabulary: (* = in Glossary)

*communicable	*AIDS
worry	*persons with AIDS
*virus	

Suggested Materials

Review Lesson # 8.
Transparency Masters # 11a and # 11b
Transparency # 15b (only if needed)

Teaching/Learning Activities

A. *Gathering*
Bring the children into an informal setting. If you must remain in your classroom, arrange chairs or desks in a semi-circle and explain to the children that today they are going to learn about a very serious health problem.

B. *Review*
Spend a few minutes reviewing the negative feelings associated with sickness. Discuss the meaning of "communicable" and explain how common germs are usually "caught."

Review the fact that germs pass from person to person. See Lesson Plan # 8. Recall that some kinds of germs spread disease.

Name certain communicable diseases and have the children share their personal experiences of "catching" them: flu, strep throat, measles, mumps, and chicken pox.

C. *Presentation*
Explain that today the children will learn about a *disease* that is NOT caught through children's everyday activities. The name of the disease is AIDS. Display Transparency Master # 11a and present ideas such as the following:

> Who will read the overhead transparency for me?
>
> Yes, the name of the disease is A-I-D-S. (Spell out the letters.) You may have heard your parents talk about it or heard someone talk about it on TV.
>
> I want to help you to understand what A-I-D-S is. It is a *very serious disease that is not caught* through children's everyday activities.

D. *Discussion*
Engage the children in a discussion of valid concerns regarding health and illness. The teacher could begin with examples such as these:

> In the winter we worry about catching colds.
>
> Your mom still worries about you catching strep throat or the flu from a friend who is sick.
>
> Last week my friend had a terrible sinus infection. She did not go to work for a few days so she would not spread her infection to anyone else.

Then the teacher asks the children:

> Did you ever worry about catching a certain illness from someone?

Allow time for the children to express their fears. Each time a child expresses a valid fear regarding a germ or disease that can be caught easily, reply with a comment similar to one of these:

> Yes, Fred, you do have to be careful. You should not drink from a glass that your brother is using if he has a cold. The germs that cause colds are easy to catch.
>
> You're correct, Molly. You should always cover your mouth when you cough. Sore throat germs can be spread by coughing.

E. *Presentation*

The teacher leads the children to an understanding of the fact that AIDS is *not* caught through children's everyday activities.

> Those were very good examples. Most of the diseases we hear about all year are diseases that are caught through usual children's activities. The disease we are studying today, AIDS, is not caught in your usual activities.
>
> Some people think you can catch the germ or virus that causes AIDS just like you catch a cold. That is *not true*.
>
> The next time you hear that another child is worried about catching A-I-D-S, you can tell that child that we learned about this disease and we learned ways it is not caught. As a matter of fact, I have a special list to show you. It explains that the AIDS virus is not caught through children's everyday activities.
>
> You can't catch the AIDS virus by...

(Uncover Transparency Master # 11b line by line and have the children read all the "safe behaviors.")

This chart should be presented in a "good news" spirit. The lesson is intended to put to rest the fears of the children.

Be certain the children grasp this basic message:

> REMEMBER: The AIDS virus is not caught through children's everyday activity. It is not caught in the same ways we catch a cold or the flu.

AIDS

AIDS is a very
serious disease.

The AIDS virus is not spread and
caught in the same ways
we catch chicken pox or colds.

The AIDS virus is not caught
through children's
everyday activities.

The AIDS virus is not caught or spread through children's everyday activities

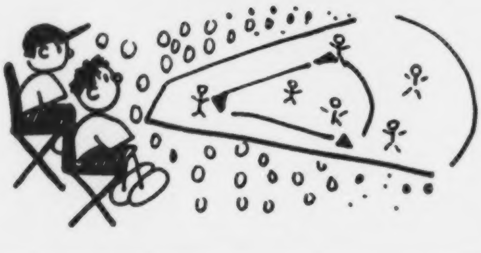
I can't catch the AIDS virus by

— running, playing baseball or hiking with a person who has the AIDS virus

— watching TV with a friend or a member of my family who has the AIDS virus

— riding the school bus or studying with a friend who has the AIDS virus

— going to a game or a movie with a person who has the AIDS virus



I can do many safe and fun things with a friend who has the AIDS virus.

There are many safe and fun things you can do when you are with a friend who has the AIDS virus.

F. *Review*
Hold a brief review of the lesson that includes:
- the name of the disease
- the fact that it is a very serious health problem
- the ways in which the AIDS virus cannot be caught

Have the children share their reactions and any fears they may still have regarding AIDS. Refer to Transparency # 15B if the students have questions about how the AIDS virus is transmitted.

Closure

Review again the list that explains ways in which the AIDS virus is not caught and tell the children to help other people to understand that the AIDS virus is not caught through everyday children's activities. Assure them that scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it. Be certain that the lesson concludes on a hopeful note!

Lesson # 12

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-4 name significant adults with whom they can share secrets and important information;
T-7 list and explain specific rules and laws that promote health, safety, and wellness;
T-8 give examples of refusal skills that can be used to say "no" to any risk behaviors.

Overview

The children name rules in school, at home, and at play. They are reminded how precious is their God-given life and how important it is to obey laws and rules so they and others will be safe. Students are helped to identify risk behaviors in everyday children's lives as well as unkind and dangerous touches. They discuss various ways they can refuse to get involved in such dangerous situations.

Suggested Teacher

Religion, science, or health teacher.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 3, 5, 6, 9, and 10.

Vocabulary:

refuse	unkind touches	laws
dangerous touches	rules	safety

Suggested Materials

Handout # 12

Teaching/Learning Activities
A. *Introduction*
Ask the children these questions:

1. Can you name some laws and rules at school that keep you safe?
2. What are some rules in your home that keep you and your family safe?
3. When you play with your friends, what safety rules do you obey?

Explain to the children that laws and rules are made to help all of us and keep us safe. Engage the children in a sharing session.

What types of things could happen if we did not have rules and laws
- in school?
- at home?
- when we play?

B. *Discussion*
We have learned how to plan safe activities for home and school. Why is your safety so important?

Sometimes, other people can be the cause of making us feel in danger. Listen to this example:

You are riding your bike home from school and a bigger student teases you and pushes you off your bike. Do you feel safe or in danger?
(Allow time for discussion.)

We also learned that people can make us feel loved and appreciated by the ways they touch us. Do you remember some of the touches we said make us feel loved and happy? (pat on the head, handshake, pat on the back)
(Allow for discussion and recall of Lesson # 3.)

There are also times when other persons may use touches that do not make us feel loved and happy. Let me give an example:

You are on the playground at lunch and you have just finished a race. You and your best friend have tied for first place and you are cheering for each other and celebrating. Suddenly, another student — who is not happy about the race — puts her hand on your shoulder and pushes you on the back so hard that you slip and fall. That is an unkind way to touch someone. A push can also be a dangerous way to touch another person.

(Allow for discussion related to unkind and dangerous touches.)

C. *Application*

Your body is a special gift from God. We know that we always take special care of gifts from God. You can often stop someone from touching you in an unkind or dangerous way. Listen to these stories and think of ways to prevent unkind or dangerous touches:

1. You are walking to the store for your mom. A friend warns you that one of the children from the neighborhood is waiting for you on the corner. He wants to have a fight. He is very angry with you. What should you do?

(Allow discussion and lead the children to see the wisdom in avoiding a fight.)

2. The student who sits behind you during reading class does not like to pay attention, frequently hits you on the back of the head, and pinches your neck. What can you say to that student? What can you do?

(Allow for discussion of ways to stop unkind and unwanted touches.)

3. Your friend likes to run and play tag on the way to and from school. Sometimes the "tags" get rough and turn into hits and pushes. You have to cross some busy streets where it is not safe to play tag. How can you say "NO" if the game of tag gets rough and dangerous?

(Allow for discussion of ways to say "no" and lead the children to understand that they have a right to prevent unwanted and dangerous touches.)

4. You are waiting for your mom in the outside eating area at McDonalds. Your mom is inside getting lunch. You are sitting on a bench. An older person you don't know sits next to you and touches you. You don't want the person to be near you or touch you. What can you do? What can you say?

(Lead the children to understand that they have a right to yell and get away from someone in order to prevent unwanted touches.)

5. You and your older sister are home alone. Her boyfriend arrives just as you are about to take a bath. He tells your sister she can watch TV and he'll help you with the bath. You don't need help and you don't want him to touch you. How can you refuse?

(Allow time for discussion among the students. They may share times when they want privacy. Help them to understand that they have a right to privacy and a right to refuse to have other people touch them.)

Closure

Summarize the lesson with a verbal review that recalls rules and laws, kind and unkind touches, safe and dangerous touches. Remind the children that they always have the right to refuse and get away from unwanted touches.

Distribute Handout # 12. Explain that each student will take the paper home and find one or more pictures in magazines or newspapers that show people obeying the law or a rule. (Directions are printed on the handout for the benefit of parents who may be asked to help.) The picture(s) should be pasted on the handout and returned to the teacher who will make a collage and display the pictures under the caption: "Rules and Laws Keep Us Safe."

Lesson # 13

BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to

B-1 explain in simple terms the meaning of the word "contagious";

T-1 share from personal experience what it means to feel well and to feel sick;

T-11 explain basic safety precautions related to emergency procedures.

Overview

This lesson reviews how communicable diseases other than AIDS are spread. The children demonstrate why good hygiene helps to eliminate the spread of communicable diseases. Through role playing, students are introduced to the basic safety precautions that should be used in the case of an accident.

Suggested Teacher

Science, health, or religion teacher

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons #

Name ______________________________

Homework: Use magazines and newspapers. Find one or more pictures of people obeying rules and laws. Paste the pictures onto this sheet of paper.

2, 8, and 11, as well as the Universal Precautions described in Section 4, immediately preceding the Glossary.

Vocabulary (* = in Glossary)

*contagious	*communicable
accident	*precaution
*virus	*hygiene

Suggested Materials

Transparency Masters # 13a and # 13b

Teaching/Learning Activities

A. *Introduction*
Invite students to tell the class about an illness they have had — measles, chicken pox, flu, etc.

Ask individual children to share why they became sick.

Review what the students already know about communicable diseases.

Also invite stories that show how students were hurt in accidents.

B. *Presentation*
Explain that the children will learn about how to stay healthier through good hygiene.

Display Transparency # 13a, naming good hygiene practices.

Present the idea that safety precautions are also important to avoid the spread of communicable diseases.

Display Transparency # 13b and explain the safety precautions for accidents.

C. *Role Playing*
Case #1: Jennifer is returning books to the library. The librarian, Mrs. Hall, is lying on the floor. Jennifer sees that Mrs. Hall has fallen off a ladder. Play act what Jennifer should do.

Case #2: Nick is outside playing basketball. His mother calls him in to lunch. Nick does not want to take the time out to wash his hands before eating. Pretend you are Nick's mother. How would you handle this situation?

Case #3: Amy and Katie are in the restroom. Amy asks to borrow Katie's comb. You are Katie. How would you respond to your friend?

Case #4: On the playground Alex has cut himself on the slide. Crying and bleeding, Alex turns to you for help. What should you do?

Case #5: Brian and Ashley are in the lunchroom. Brian sees Ashley eating a candy bar. Brian asks for a bite. Should Ashley give him a bite?

Closure

Remind the students that good hygiene practices and important safety precautions are healthy choices.

Conclude the lesson by singing "Father Abraham" or another song that recalls the importance of each person's body.

The Call

For an ongoing activity, help the students to choose a special classroom charity. Then encourage the children to thoughtfully make choices between spending money on unnecessary items for themselves and donating the money to the class's special project.

GOOD HYGIENE

Cover mouth when coughing.

Use a tissue when sneezing.

Keep your hands clean.

Wash hands before eating.

Do not share food or drinks.

Do not share personal items,
such as combs, brushes,
chapstick or lipstick.

SAFETY PRECAUTIONS

Do not move a person who is
injured or sick.

Avoid touching a person who is bleeding.

Tell the injured/sick person to lie quietly,
that you are going for help.

Go to the nearest adult for help.

Suggested Lessons for Grade 4

The Fourth Grade Student

Fourth graders are in a state of transition. These students are moving out of the close confines of family into a broader context of life. A growing capacity for self-motivation, responsibility, and self reliance becomes apparent. Fourth graders are group oriented, and they need opportunities for group sharing and co-operative efforts.

The nine-year-old is a person who
- loves to explore the unknown;
- can exhibit sincere loyalty and compassion;
- makes choices out of a context of "conscience";
- is sensitive to peer pressure;
- prefers to be with members of his/her own sex;
- has an increasingly keen interest in relationships, sexuality and the appropriate names of body parts.

Some suggestions for teaching fourth graders
- provide opportunities for group sharing and cooperation;
- encourage them to set goals for themselves;
- help them express loyalty and compassion;
- give practice in making choices;
- help them learn how to deal with peer pressure.

Lesson # 14

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-4 understand and appreciate the importance of loving unselfishly and responsibly.

Overview

The class begins with discussion using Charlie Brown and his friends, then moves to the example of Jesus and his friends. Students are helped to judge which everyday actions are loving, responsible, and faithful. The lesson concludes with the suggestion to tell parents about the class.

Suggested Teacher

Religion, science or health teacher

Basic Information and Vocabulary

If we are really to love as Christ intends, we have to overcome our own selfishness. Christian loving means showing concern for others, accepting pain and disappointment, using one's human powers productively.

Vocabulary:
unselfishly responsibly

Suggested Materials

"Peanuts" cartoon books or other books showing relationships which are relevant to children
New Testament
Handout # 14, "Think About These"

Teaching/Learning Activities

A. *Introduction*

Begin with a class discussion on relationships.

Suggested questions:

How many of you have ever seen Charlie Brown and his friends on TV or in cartoons or movies?

(Elicit answers.)

What is the name of the girl who always wants to be Charlie Brown's girl friend?

(Peppermint Patty)

What does she always seem to be doing?
How does Charlie Brown act?
Why do you think he acts that way?
Who does Charlie Brown want to be his girl friend?

(Little redhead)

Sometimes we can be very glad or sad about those who love us or those we want to love. Their love can be shown in selfish or unselfish ways.

B. *Discussion*

Using Handout # 14, "Think About These," discuss Case # 1 altogether as a class, then Cases # 2-5 in small groups.

The teacher, while emphasizing that we cannot judge a situation by external actions only, can indicate the probability of these elements when discussing the answers:

1. John's actions appear selfish.
2. Patti's action was responsible.
3. Billy has an opportunity to be responsible and compassionate.

4. This kind of touching is not pure, unselfish, responsible.
5. They are loving responsibly and unselfishly.

The teacher must be sensitive to the fact that, despite the desire and effort to work together, some of the childrens' parents are separated or divorced.

(The teacher may wish to invite students to give examples of ways love has been shown to them — if the moment is right.)

C. *Presentation*

In today's lesson I want to talk about a way of loving that is good in every way. It is good because it is responsible, not selfish, and prompts people to want the best for others. Jesus often gave us examples of that kind of love and today our Catholic Church teaches us to practice it.

In this lesson we will examine how Jesus showed love to others.

Introduce the fact that Jesus had many relationships with both men and women. Ask the students to name some of Jesus' friends. (Lazarus, Mary, Martha, Zaccheus, Mary Magdalene, Peter, John, etc.)

Discuss how Jesus showed love for each person named.

With each person, Jesus' love was always true, loyal, unselfish, responsible. Jesus' way of relating to and loving others is a model for us, a model that is reflected in the teaching of the Catholic Church. We should try to develop this kind of love.

Closure

Whenever we love responsibly and express love that is not selfish, we are imitating the way Jesus loved.

Assignment:

Tell Mom and/or Dad what you have learned today in class about loving unselfishly and responsibly.

Lesson # 15

BASIC INFORMATION

Lesson Objective

The students will be able to

B-4 name three ways in which children can get the AIDS virus.

Overview

The class begins with a discussion of how wonderfully God made our bodies so that they usually protect themselves. Then the teacher introduces AIDS as a disease that breaks down this protection and briefly explains three ways in which children can get the AIDS virus. Students write answers to the two key questions, then offer a prayer of thanks, using Psalm 139.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

The teacher should be familiar with the content of the Orientation section of this manual. In addition, the teacher should assess how much of the factual information has already been learned in science class, then concentrate on the Christian dimensions within these lessons.

By this grade level, correct terminology should be used whenever sexual matters are introduced or discussed.

Vocabulary: (* = in Glossary)

- *transfusion
- injection
- needle
- drugs
- *virus
- *body fluids (presentation at this level treats only blood)
- infected

Suggested Materials

Transparency Masters # 15a and # 15b

Teaching/Learning Activities

A. *Introduction*

Have any of you ever heard of AIDS?

Elicit answers to determine prior knowledge and build upon it.

One of the most wonderful facts about our bodies is that God made them so they can often protect themselves. For example, when I went to see a friend who had a terrible illness, I didn't catch it because my body could protect itself. Doctors and nurses work daily to care for the sick and they usually don't catch the disease others have because the human body takes care of itself. God made us that way. For example, a cut finger has power to heal, a broken arm can mend.

Think About These

Case # 1
John wants Jim, his best friend, to always play with him and no one else. He gets mad at Jim when Jim doesn't play with him on the playground. What would you like to tell John if you could?

Case # 2
Mary invited Patty to go to the movies with her. Patty said "yes." Later, other friends invited her to go skating with them, but she remembered her promise to Mary and kept her plans to go to the movies. What would you like to say to Patty if you could?

Case # 3
Billy has just found out that his aunt has AIDS. What would you like to say to Billy if you could?

Case # 4
Mary is nine years old. At a family gathering, an older cousin asks Mary to let him touch her private parts. He says he wants to show that he really loves her. What would you tell Mary?

Case # 5
Mr. & Mrs. Thompson have three children. Although they have differences, they continue to work together toward a faithful marriage and to care for the children. What would you say to them?

B. *Presentation*

Use Transparency Master # 15a to emphasize these points:

AIDS is a new disease. It is very serious because it destroys a person's ability to fight off infection. At this time, unfortunately there is no cure.

Even though most persons who get AIDS are adults, some children can get AIDS.

Then briefly explain the three ways that children can get the AIDS virus, using Transparency Master # 15b.

How can the AIDS virus be caught?
Through the sharing of blood with a person who has the AIDS virus.

This could happen to children in one of the following ways:

1. if a mother has the AIDS virus before giving birth to a baby

Now that AIDS exists, this is a possibility for babies if their mothers have the AIDS virus.

2. if a child is stuck with a needle infected with the AIDS virus

In other words, children can get the AIDS virus if they use injection needles that were used by persons with the AIDS virus. Some AIDS-infected blood is left in an injection needle and can be passed to the next person who uses the needle. All used needles offer a health risk.

Does this mean that you should avoid injections in a doctor's office or in a hospital? No, doctors and hospitals use new needles.

The next lesson (# 16) will focus on the harmfulness of drug abuse. At this time, the teacher should focus on the fact that children can get the AIDS virus from infected injection needles and should help the students understand the related vocabulary.

3. if a child received a transfusion of blood or blood products that was not free of the AIDS virus.

This is rare now that blood is checked very carefully. Since 1985 blood has been tested and screened for the AIDS virus.

To the teacher: The other means — sexual relations with an infected person — is not included in this lesson because the learning objective at this level relates only to how *children* can get the AIDS virus.

C. *Review*

Our bodies were made by God to resist infection — but a new condition called AIDS destroys that power in our bodies. People who have AIDS catch many diseases and, because their bodies can't fight disease, these persons become sick and die.

In your notebook, answer the following questions. I will help you with your answers.

1. What is AIDS?
2. In what three ways can children get the AIDS virus?

Closure

When finished, gather the students in a circle for prayer or have them lower their heads and close their eyes. Light a candle, play background music, invite spontaneous prayers — especially for the ill — and conclude by praying a part of Psalm 139.

Lesson # 16

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

T- 9 articulate the morality of drug abuse and the risks involved in any use of unsterilized needles;
T-10 suggest ways to deal with peer pressure.

Overview

After a diagnostic true-false quiz, an explanation is given concerning the possible transmission of the AIDS virus through drug abuse. Then the students learn "Rules for Deciding" to help them deal with peer pressure.

Suggested Teacher

Religion, health, or science teacher

Basic Information and Vocabulary

By this age, students should know how to identify and say "no" to dangerous behavior at home or school. They should know the basic AIDS information in Lessons # 11 and # 15.

Vocabulary:

peers
abuse
*contaminated
inject
prescribe, prescription
decisively

AIDS,

a new disease,

is very serious

because

it destroys

a person's ability

to fight off infection.

How can the AIDS virus be caught?

Through the sharing of blood
with a person
who has the AIDS virus.

This could happen
to CHILDREN through

1. birth when
the mother has the AIDS virus

2. use of a needle
infected with the AIDS virus

3. a transfusion of blood
infected with the AIDS virus
(Now very rare)

Suggested Materials

Handout # 16a, True/False Quiz
Transparency Masters # 16b and # 16c

Teaching/Learning Activities

Session 1

A. *Pre-Test*
Begin with the diagnostic True/False Quiz (Handout # 16a). Allow a self-check as well as followup discussion, if needed, to be sure that all students have the correct basic information about AIDS.

Answer Key to True/False Quiz (Handout # 16a)

1. False. It is a new disease (discovered in the U.S. in 1981).
2. False. No cure exists.
3. True.
4. False. It is NOT caught through children's everyday activities.
5. True.
6. True.
7. True.
8. True.
9. False. It is not spread in the same way.
10. True.

B. *Introduction*
When the basic facts are known, present additional ideas about drug abuse as follows:

> Part of God's marvelous plan for us is that God created us so wonderfully. Our bodies are capable of existing here on earth and even capable of producing new life. We are ungrateful if we do not care for our bodies. God's fifth commandment reminds us to care for ourselves and others. That includes taking proper care of our bodies through rest, proper food, and exercise.

> Have any of you — when you were sick — received an injection like penicillin? Why did the doctor inject that drug?

(To help get better faster, to fight the infection, etc.)

> Penicillin is an example of a drug which can help a person become healthy again. Only doctors can prescribe drugs so that they are used only when they can help people's health.

> Sometimes people mistreat their bodies by abusing drugs. That means they take drugs that are not healthy for them. Taking a drug that is not prescribed for you is against the law. Illegal drugs can harm the body very much when they are swallowed or injected into the body.

> Remember in our last lesson we learned that the AIDS virus can be gotten through contaminated blood left in needles. Using unsterilized needles can add even more danger to the use of harmful drugs. A needle used by a person with the AIDS virus can put AIDS-infected blood into someone else's blood stream. This abuse of drugs and injections is certainly a misuse of the wonderful bodies that God has given to us.

C. *Discussion*

> Can others force you to do something you don't want to do?

Let students answer.

> Did any of you ever have an experience when someone forced you to do something that you thought was wrong and that you really didn't want to do?

Let students answer. If no examples are given, use some you have prepared in advance; e.g., staying out later than your parents allowed because a friend insisted that you do it.

> All of us at times are caught by the problem of *deciding* when to say "Yes" or "No" to others. In this lesson, I would like to help you learn when you are being pressured by friends (peers) and suggest what you can do.

Recall an example that a student gave or one you have cited and analyze it. Taking the example of staying out later than permitted after school, you could begin to analyze it with the question,

> How could you have decided whether you should have stayed out or gone home?

D. *Presentation and Discussion*

> Some key steps for deciding involve three words. **Think, Judge, Act**. Some persons call these RULES FOR DECIDING.

Apply these three words — Think, judge, act — to the example(s) used earlier. Uncovering the material on Transparency Master # 16b one line at a time, develop the three key words with questions such as the following:

> **Think —**
> If you had thought about staying with your friend longer than permitted, you could have asked:
> How will my staying late affect my mom?

(She may have supper/dinner waiting at a certain time. She may need my help and I wouldn't be there. She may worry about me, etc.)

> **Judge —**
> What are the reasons *for* staying out later than permitted?

(Give more time to be with my friends. Show my friend that I'm not afraid to do risky things, etc.)

> What are the reasons *against* staying out later than permitted?

(I agreed to return early and should obey parents. If I do this once, my friends will always expect me to do what they want, etc.)

Act —

What should I really do?

(Stay? Return home? Phone home to see if I can stay later? Other?)

What will help me act decisively in this situation?

(Move immediately to act rather than continuing to talk with my friend. Use a firm voice and clear words.)

These are three key steps that can often help us to not be forced into doing something wrong that we really don't want to do.

E. *Role Play*

After this example, students could role play with scenarios involving skipping school or religious education class, stealing a very expensive jacket/skirt because they want to be in the "in" crowd, or some other relevant example.

F. *Application*

When the students understand the rules for deciding, apply the rules to drug abuse:

We have discussed situations which can result in our feeling forced into doing something wrong that we don't want to do. Another of these situations — a very serious one — is the use of illegal drugs.

Have any of you heard or seen references to "Saying NO to Drugs"?

(Learn how much is known and build on it. If students lack basic knowledge and attitudes, the teacher will need to take steps to initiate a drug education program. If they seem to have some background, the teacher would review the following ideas briefly.)

Illegal drugs are very dangerous for many reasons. Besides harming and even destroying our bodies which God has created, there is the possibility of getting AIDS through needles or injections.

Let us be clear how this might happen: If drugs are injected into a person's body by a needle that has been used by a person with the AIDS virus, that injection could pass on the AIDS virus. This will not happen in a hospital or doctor's office where clean needles are used, but it often happens with illegal drugs.

Let us review this by using these "stick" persons (Transparency Master # 16c):

If a person with the AIDS virus uses a needle for drugs and leaves infected blood in that needle, the next person who uses that needle can get the AIDS virus.

Transparency Master # 16b could be used to guide the following:

Let us apply our Rules for Deciding.

If someone invites you to inject illegal drugs, what would you **think**?

What would you **judge** the reasons *for* accepting the offer? the reasons *against*?

How should you **act**?

Closure

Illegal drugs can destroy our bodies that were created by God. Dirty or contaminated needles used with illegal drugs can also spread the AIDS virus. We can make better choices by following the Rules for Deciding: Think, Judge then Act.

Please take home your True/False Quiz (with correct answers clearly indicated) to share this important information with your parents.

The Call

For an ongoing activity, have the children show their unselfishness by writing letters and sending care packages to persons in drug and alcohol treatment programs.

Handout # 16a

True/False Quiz

Key:
T = True
F = False
? = Don't know

Circle one:

1. AIDS is a disease we have known for centuries. T F ?

2. AIDS is a disease that can be cured. T F ?

3. AIDS destroys a person's ability to fight infection. T F ?

4. AIDS is a communicable disease that is easily caught through children's everyday activities. T F ?

5. It is safe to ride a bus or go to a movie with a friend who has the AIDS virus. T F ?

6. Even though most persons with the AIDS virus are adults, some children have gotten the AIDS virus. T F ?

7. If a mother has the AIDS virus, the virus can enter the baby's body even before birth. T F ?

8. Since the 1985 testing/screening procedures, the AIDS virus rarely enters the body through blood transfusions. T F ?

9. The AIDS virus is spread in the same way as chicken pox or measles. T F ?

10. The AIDS virus can enter the body through infected blood left in needles. T F ?

RULES FOR DECIDING

THINK —

If I had thought about...,

I could have asked....

JUDGE —

What are the reasons for?

What are the reasons against?

ACT —

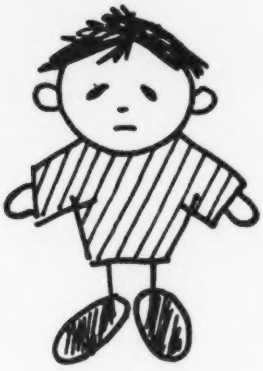
What should I really do?

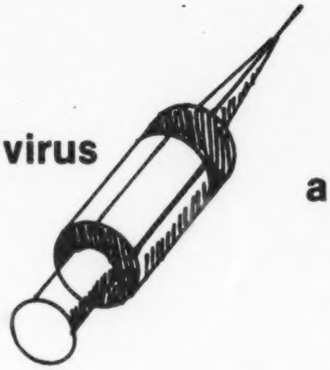
what will help me

to act decisively?

Transparency Master # 16c

If



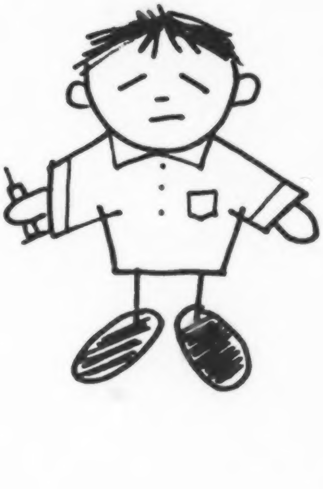


has the AIDS virus
and uses

a needle for drugs

and leaves blood
within it,

then



who uses
the needle
can get
the AIDS virus.

Suggested Lessons for Grade 5

The Fifth Grade Student

Fifth grade students exhibit the beginning stages of "other centeredness." It is a critical stage for moral development and guidance as these students grow in independence and responsibility.

Ten-year-olds are persons who

- are aware of sexual differences and feelings;
- have many questions regarding sexuality and sexual activity;
- are influenced strongly by the media;
- are usually in a pre-rebellious stage;
- understand right and wrong as measured against a set of values;
- see themselves as persons who are responsible for their own behavior.

Some suggestions for teaching fifth graders

- include the moral dimension whenever appropriate;
- answer questions about sexuality comfortably;
- give appropriate opportunities to exercise independence with responsibility;
- provide opportunities for group projects, giving clear guidelines;
- encourage critical questions about media presentations;
- explain civic, school, and classroom rules in terms of values;
- recognize peer pressure and try to use it positively;
- deal with the reality of peer pressure when discussing decision-making skills.

Lesson # 17

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to

C-5 identify with Jesus' compassion toward the sick as they express compassion toward persons with AIDS and other serious illnesses.

Overview

After students imagine an experience of being alone, frightened, or sick, Jesus' miracles of healing the sick are dramatized. Then a comparison is made between his behavior toward the sick and the students' attitudes toward persons with AIDS. Cards or letters are written to real or imaginary persons with AIDS.

Suggested Teacher

Religion or science teacher

Basic Information and Vocabulary

The teacher should read Section II, pp. 9-11, of *Called to Compassion and Responsibility* by National Conference of Catholic Bishops.

Vocabulary: (* = in Glossary)
*compassion

Suggested Materials

New Testament with at least one story selected concerning Jesus and the sick. Suggested passages for dramatizing:

Matthew 12:9-13 the person with the shriveled hand
John 9:1-11 the blind person
Luke 9:37-43 the possessed child
John 5:1-9 the person by the pool

Transparency Master # 11b

Address of an AIDS hospice if the teacher chooses to have students write letters to real persons with AIDS

Teaching/Learning Activities

A. *Introduction*

Sit quietly, close your eyes, and imagine you are on the playground. A group of your classmates begin to "pick" on you. They call you names. One even bites you. Other students who are passing by join the group and begin to tease you. You are alone. Imagine how you feel. . . .

Suddenly your close friend runs across the playground and yells at the group. They feel ashamed. Most walk away. Some of those students tell you that they are sorry. Imagine how you feel. . . .

Give students silent time to ponder this.

Possibly use another example on illness; e.g., the student is ill at home, mother keeps all friends away, doctor finally says you are cured and you can join your family, friends, etc. How do you feel?

B. *Bible Story*
Read the selected Gospel story.

Ask for volunteers to take the parts for a dramatization or improvisation as the story is re-read.

C. *Response*
Ask the students to write answers to questions such as these:

1. If I were the sick person, how would I feel?
2. If I were someone in the crowd, how would I feel?
3. When Jesus told stories, he always taught us how to act. What was he trying to teach us in this story?

Select some answers of these for sharing with the entire group.

D. *Application*
In the beginning of this lesson we imagined what it would be like to be alone, frightened, isolated. We heard the story of Jesus and how he treated the sick.

Many people in our country today are very much alone, very sick, very frightened. Many of these persons have AIDS.

What can the example of Jesus and the sick teach us about how we should treat persons with AIDS?
(Elicit answers.)

The word "compassion" means the ability to suffer with someone. How could you treat a sick friend with compassion?
(Elicit answers.)

How could you show compassion if your friend lived far away?
(Elicit answers.)

We know that it is safe to visit persons with AIDS.
(Use Transparency Master # 11b to review.)

Some of us may know specific persons with AIDS. The rest of us know that many people have AIDS and are alone. How could we show compassion to them?

If you were to write a letter to or make a card for a person with AIDS, what would you say?
Brainstorm — put words, phrases on board.

Closure

Assign for class time or homework the task of making a card or writing a letter to a person with AIDS. The teacher should decide in advance if persons should be real or imaginary. If real, the products would be mailed or distributed to persons with AIDS at a hospice or home.

Review the concept of compassion and how it allows us to find a way of imitating Jesus' care for others.

Ask students to note examples of compassion whenever they observe it anywhere; e.g., newspaper, TV, radio, playground, classroom, home, etc. Ask for these examples in any spare moments before class or dismissal.

Lesson # 18

BASIC INFORMATION

Lesson Objectives

The student will be able to
B-5 describe the body's immune system and its destruction by the AIDS virus.

Overview

After using transparencies to review information previously taught, new information regarding the body's immune system is introduced. Students then make a mural describing all the facts they have learned about the AIDS virus.

Suggested Teacher

Science, religion, or health teacher

Basic Information and Vocabulary

The teacher should review Lessons # 11, 15, and 16 as well as the related orientation material. If factual material has been learned in science or another class, concentrate on the importance of compassion for the ill.

Vocabulary: (* = in Glossary)
*immune
*cell
*"T" cells
*system
*virus
*white blood cell

Suggested Materials

Transparency Masters # 18a, # 18b, and # 18c
Transparency Masters for review (# 11a, # 11b, # 15a, and # 15b) or notes summarizing prior lessons
Mural paper

Teaching/Learning Activities

A. *Review*
Review basic factual information by using Transparency Masters such as # 11a, # 11b, # 15a, and # 15b.

B. *Presentation*
We know some facts about the AIDS virus. Does anyone know how the name AIDS was determined?
Allow students to respond, then complete or confirm using Transparency Master # 18a.

We have already used the term "virus."
Elicit from students or explain that a virus is an organism too small to be seen by the unaided eye. Some viruses cause disease among people. One of these is the AIDS virus.

We already know something about the body's "immune system." Today we will learn more about that.

Explain Transparency Master # 18b, emphasizing the main ideas:

A healthy immune system
protects the body
from infection and disease.
Special white blood cells known
as "T" cells defend the body
when it is in danger of illness.

Let us compare the healthy system to an unhealthy one:
(Use Transparency Master # 18c.)
The AIDS virus kills the special "T" cells.
For that reason, a body infected with the AIDS virus has a weak defense system and can easily catch other illnesses.

This is the main difference in very simple terms. It is important to note that only a doctor can diagnose AIDS.

Now let us look again at the words represented in the name "AIDS." (Transparency Master # 18a)

Can anyone use one or more of these four words as you explain AIDS?
Try to have all four words used in meaningful explanations about AIDS.
(Examples could be similar to these:
When people acquire AIDS, their immune systems have a deficiency. We call the resulting condition a syndrome.)

Closure

To summarize the information about AIDS, organize the class into five groups and assign each group one of these topics:

AIDS — definition
AIDS — how children can get the AIDS virus
AIDS — how children don't get the AIDS virus
AIDS — its effects
AIDS — the role of the Church — compassion

Each group's members should study their notes or copies of overhead masters from previous lessons regarding their assigned topics. Next they should decide how they will display their information on one section of a mural.

Mural paper — perhaps with spaces outlined for each topic — is placed in a large work area. Each group then completes one fifth of the mural with art work, pictures, etc.

The mural could be exhibited and shared with other classes. It could also be used at a special liturgy or para-liturgical service to pray for persons with AIDS.

Lesson # 19

TRANSMISSION AND PREVENTION

Lesson Objectives

Students will be able to

T- 8 give examples of refusal skills that can be used to say "no" to any risk behaviors;
T- 9 articulate the morality of drug abuse and risks involved in any use of unsterilized needles;
T-10 suggest ways to deal with peer pressure.

Overview

Two drug-related situations will be analyzed by discussion in groups. A signed commitment may be formulated to encourage students to say "NO" to illegal drugs. The motivation will focus on morality as well as the health concerns related to drug-related transmission of the AIDS virus. Symbols of personal commitment could be offered at a liturgy with parents invited.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

The teacher should review Lessons # 12 and # 16 as well as related orientation material in this publication.

A I D S is a serious disease.
Its name comes from four words:

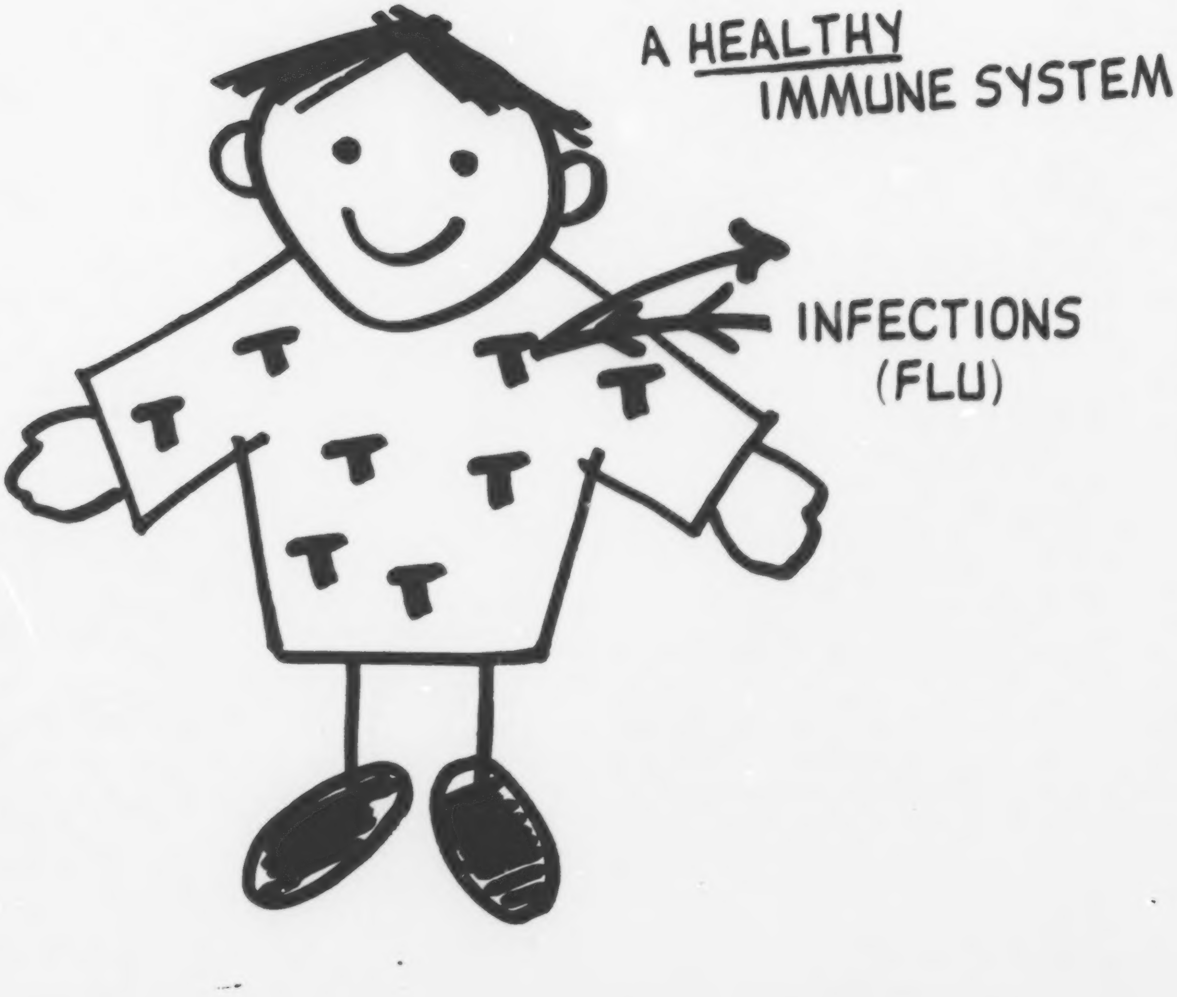
A	Acquired
I	Immune
D	Deficiency
S	Syndrome

ACQUIRED	When you acquire something, you get something you did not have before.
IMMUNE	Immune is the name we give to our body's defense system.
DEFICIENCY	If you have a deficiency, you have a weakness.
SYNDROME	A syndrome is more than one symptom. It is a group of signs that indicate that we are sick.

A **HEALTHY** IMMUNE SYSTEM

A healthy immune system
  protects the body
  from most infections and diseases.

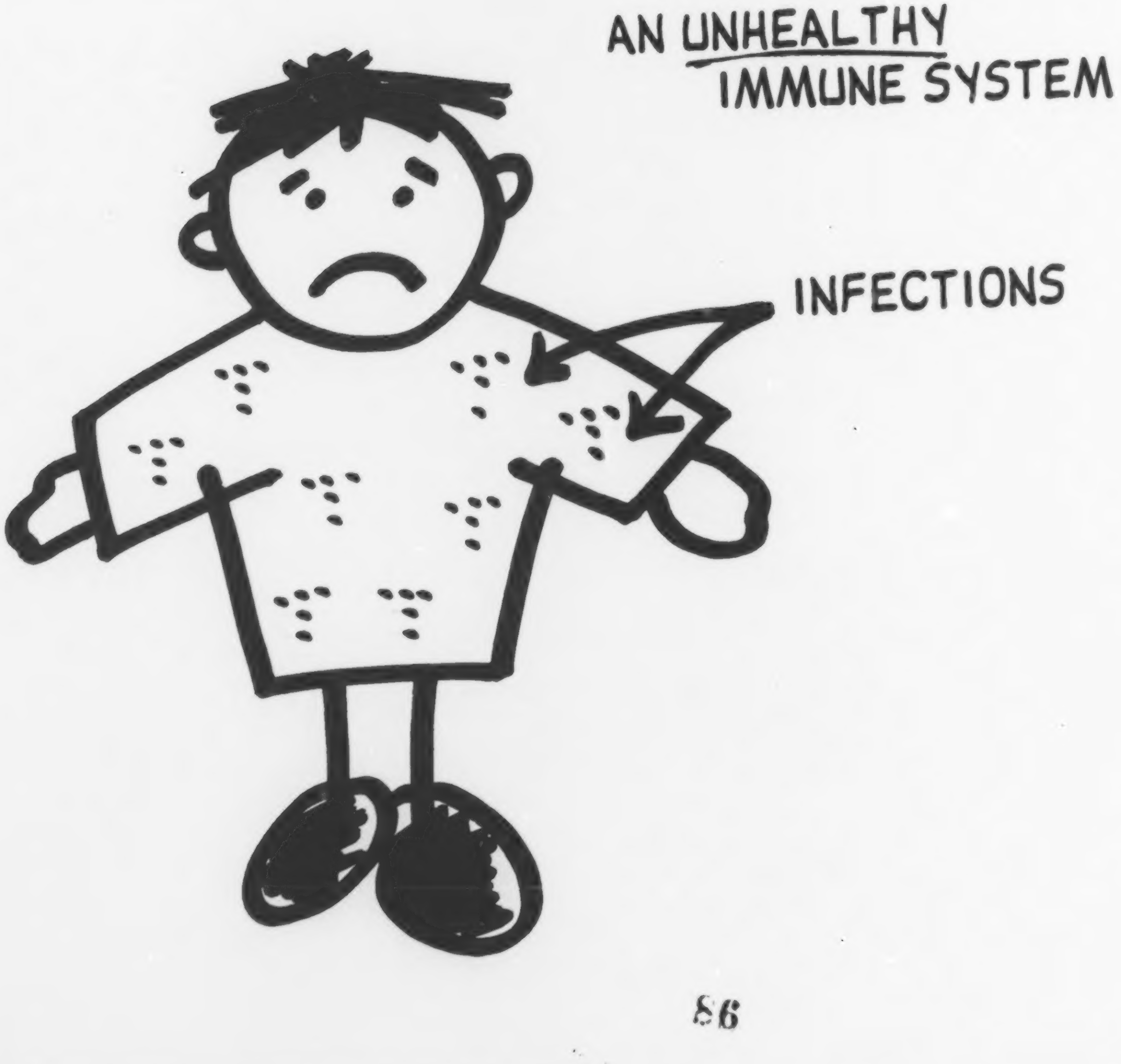
Special "T" cells (white blood cells)
  defend the body when it is in danger
  of illness.


A HEALTHY IMMUNE SYSTEM
T
INFECTIONS (FLU)

AN UNHEALTHY IMMUNE SYSTEM

The AIDS virus kills "T" cells (white blood cells).

A body infected with the AIDS virus
has a weak defense system
and can easily catch other illnesses.


AN UNHEALTHY
IMMUNE SYSTEM
INFECTIONS

86

Vocabulary:

commit	commitment

Suggested Materials

Handout # 19, "Put Yourself in the Situation," for each student plus an extra copy for each recorder. An alternate approach would be to read each situation aloud with students recording their responses in their notebooks.

Commitment papers, if desired, for each student.

Teaching/Learning Activities

A. *Introduction*
Invite students to tell personal stories about peer pressure in their own lives — at school events, at home, at the shopping mall — or ask them to cite examples from college basketball, professional baseball, etc., that show individuals giving in to or resisting peer pressure. Also invite stories that show how a peer group can be very helpful or supportive.

B. *Presentation*
Students often find themselves in dangerous situations because of peer pressure. Sometimes they are urged to do what is morally wrong. Sometimes they can also risk getting the AIDS virus, e.g., if they inject drugs with infected needles. The ability to say "NO" is always difficult but always possible.

C. *Discussion*
Divide the class into groups of 6-8, appointing a recorder in each group. Distribute Handout # 19 — one per student with an extra copy for each recorder — with these directions:

> Put yourself in Situation #1 and #2 as you slowly read them. Then write one or more ways that you would respond to each situation. You will have about ten minutes for the reading and writing of your responses.

After about ten minutes, continue

> Now in your group, generate a master list of suggested responses for the situation. Then discuss reasons for your responses.

Suggestions would then be read by the recorders to share ideas — both responses and reasons — among all the groups. The teacher should listen for both moral and health reasons — or elicit additional responses in a missing area. Should any student respond to the illicit offers in a positive way — allow other students to clarify the danger. If that does not occur, the teacher's response should be clear, strong, calm. The teacher may also want to talk with some students privately.

When discussing Situation # 1, the teacher should remind the students that one injection with an infected needle is all that is needed for the AIDS virus to pass from person-to-person —unless a student mentions this fact.

With Situation # 2, the teacher should mention that illegal drugs can affect a person's ability to make good judgments and, for that reason, often lead to wrong actions.

Closure

Review the fact that the AIDS virus can be transmitted person-to-person through infected needles. Students in Catholic, Gospel-based settings should have greater support in saying "NO" and should be able to help each other in positive ways.

Ask the students to suggest ways in which they could support each other in resisting illegal drugs. If appropriate, act on one of the suggested ways. One example follows:

A very simple statement could be developed. Sample:

> We, in Fifth Grade at St. John's School/Parish, commit ourselves to say "NO" to using illegal drugs.

Depending on circumstances, the statements may be handled in various ways such as the following:

- children may choose individually whether or not to take the statement home and share it with parents;
- children may be allowed privately to sign or not sign a personal copy of the statement;
- statements could be brought up during a prayer service, during the preparation of gifts at a class Mass, etc.

The Call

Ask at your local children's hospital (or children's section of your hospital) about how your students can write to or visit hospitalized children. Invite the students to commit themselves to one of these ongoing activities.

Put Yourself in the Situation

Situation # 1

You are walking home from school with a best friend — later than usual. You have been at basketball or play practice. As you are passing the parking lot, three blocks from home, two older students approach you. One of the students shows you a needle and offers to give you a sample of a drug that he claims will make you feel great! You don't want to get into drugs, but you feel pressured. What do you do? What do you say?

Suggested ways to respond to the older student's offer of drugs:

1.

2.

3.

4.

Reasons considered:

Situation # 2

You had planned to ride your bike to a football game with friends. On your way to the game, one of your friends invites you to skip the game and go to his house; no one is at home. He tells you that you could have a lot of fun. You leave the group and go home with him.

While you are watching TV, he starts to fill an injection needle. He says that a little shot will help you relax. You are very uncomfortable and don't trust him or the needle. How do you say "NO"? What do you do?

Suggested ways to respond to the boy's actions:

1.

2.

3.

4.

Reasons considered:

Suggested Lessons for Grade 6

The Sixth Grade Student

Sixth grade students, although capable of intense loyalty to others, usually appear to be self-centered and self-conscious. It is critical to the on-going maturation and development of these students that they maintain communication and warm, affirming relationships with adults who are significant in their lives.

Eleven-year-olds are persons who
- wonder about their personal and sexual identity;
- rely heavily on peer group acceptance for nurturing of self-esteem;
- can make reasonable choices;
- can analyze situations;
- pursue discovery through experimentation;
- identify with the human person and characteristics of Jesus (healer, teacher, man of compassion, gentle, forgiving, kind).

Some suggestions for teaching sixth graders
- support individual students in times of doubt and questioning;
- answer questions about sexuality comfortably;
- provide opportunities to make choices and accept responsibility;
- suggest ways to analyze situations critically;
- recognize peer pressure and try to use it positively;
- focus both prayer and principle on the person, Jesus.

Lesson # 20

CHRISTIAN RESPONSE

Lesson Objective

The students will be able to
C-6 demonstrate an appreciation of God's unconditional love and relate that understanding to their own treatment of persons with AIDS and other serious illnesses.

Overview

The lesson begins with a brief reminder of God's unconditional love for us and some student role playing of conversations which show everyday examples of unconditional love. A group of students then present a dramatic reading (or the teacher reads or tells the story) about Jesus' love of the woman taken in adultery. Jesus' love of the woman is related to the unconditional love to be extended to all, including persons with AIDS. The lesson closes with a prayer or a prayer service.

Suggested Teacher

Religion or science teacher

Basic Information and Vocabulary

The teacher should know the story of the woman taken in adultery, John 8:1-11, and should review the content of Lessons # 1, # 4, # 7, # 14, and # 17.

Vocabulary: (* = in Glossary)
*adultery *unconditional love

Suggested Materials

New Testament, John 8:1-11 (Bibles or copies of the passage as needed to facilitate student written/directed play)
One copy of Handout # 20, "Situations for Role Playing," for each small group of students
Teacher's copy of Pope John Paul II's Address at Mission Dolores (in Section 4)

Teaching/Learning Activities

A. *Preparation*
Begin class in a reflective setting with an appropriate reading, such as Paragraphs # 9-10 from Pope John Paul II's Address at Mission Dolores (in Section 4).

What is the main point of Pope John Paul in these words?
(That God loves us unconditionally, forgiving and accepting us even when we fail to do the right thing)

If God loves us unconditionally, forgiving and accepting us even when we fail to do the right thing, then how do you think God wishes us to treat others?
(In the same way, reflecting God's unconditional love)

Because God loves us in this way and asks us to love others in the same way, it is important that we understand

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unconditional love. Today you will have the opportunity to create conversations that reflect unconditional love and to role play them.

B. *Situations for Role Playing*
Ask small groups of students to prepare and to role play the conversations as directed in Handout # 20.

C. *Presentation*
Some people are signs in our lives of God's unconditional love. This means that this love will never change, will never run short even though the persons may change. You have just heard several examples of this during our role playing.

We have learned about unconditional love from Jesus. He gave us many examples of this love in his life and was even willing to die for us.

One story that tells about this unconditional love is the story of the woman taken in adultery. (Although we name this story after the woman taken in adultery, the story obviously includes a man — maybe several men —as well as the woman.) A group of your classmates have prepared a short dramatic form of this story based on John's account in the New Testament. In it Jesus again gives us an example of unconditional love, an example of compassion.

D. *Play*
The students present the play
(Costumes, props, scenery, etc., may or may not be used.)

E. *Discussion*
Individually or in small groups, the students respond to questions such as these:

1. How did the crowd feel about the woman and her behavior?

2. What was Jesus' reaction to the crowd? to the woman?

3. If you were the woman, how would you want to be treated?

4. What can we learn from the way Jesus treated the woman?

F. *Transition*
Because of the way Jesus treated the woman, she was changed. It was the experience of Jesus' unconditional love and forgiveness that made it possible for the woman to forgive herself and to start a new way of living. Her family and neighbors probably accepted her after they heard how Jesus treated her.

We have been studying the deadly condition of AIDS. Now that we have studied Jesus' compassion for the woman, this is a good time to reflect on how we as followers of Jesus should treat others — including persons with the AIDS virus.

G. *Application*
Using the same or different settings as for Questions 1-4, ask students to respond to the following questions:

5. In the light of Jesus' compassion, how should we treat students or other persons with the AIDS virus?

6. If a person in your family has the AIDS virus, how would you feel? How would you want people to treat your family member?

7. What can you do to comfort families of persons with AIDS?

Closure

Close with this short prayer or develop its theme into a prayer service:

> We give you thanks, our God, for your unconditional love. We are especially grateful that you gave us Jesus to show us what unconditional love means in our day-to-day living. We thank you for others who express some form of unconditional love in our lives — our parents, our teachers, our friends. Finally we ask that you help us to develop that kind of love — forgiving, compassionate, lasting — within our lives. We ask this, our God, through Jesus who models this kind of love for us. Amen.

Situations for Role Playing

1.

Characters: Father and son

Situation: A boy returns home with his bike. He is unhurt, but the bike is seriously damaged after being hit by a car. The boy's dad had told him not to take his bike to town on this particular day because of holiday traffic.

Direction to students: Create a conversation between the boy and his father that reflects the unconditional love of God for us.

2.

Characters: Two girls who are sisters

Situation: Alice had given Mary her new jacket to wear on her class trip. At some point during the day, the jacket was lost or stolen. Mary is afraid to tell Alice that her jacket is missing.

Direction to students: Create a conversation between the sisters that illustrates the genuine forgiveness that will remind us of the way God loves and forgives us.

3.

Characters: Boy and his teacher

Situation: Mike has always been honest, respectful, and reliable. Mrs. Holmes was supervising the playground and asked Mike to do her a favor. She gave him her school key and asked him to go to her classroom and get her raincoat. When Mike got to the room, he realized that the mathematics tests, scheduled to be given that afternoon, were on Mrs. Holmes' desk. Mike took a copy of the test along with the coat and returned to the playground.

At lunch that day, Mike and two of his friends worked the math problems in advance. The three boys had perfect scores on the test. When Mrs. Holmes called Mike to her desk at the end of the school day and asked him why he looked so nervous, he told her the truth.

Directions to students: Create a conversation between Mike and Mrs. Holmes that illustrates unconditional love and reflects God's unconditional love for us.

Lesson # 21

CHRISTIAN RESPONSE; BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

Students will be able to

- C- 4 understand and appreciate the importance of loving unselfishly and responsibly;
- C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment;
- B- 6 define homosexuality and related Church teaching;
- T-12 identify four ways the AIDS virus is transmitted and prevented.

Overview

The lesson begins with ideas on how people communicate, reviews the importance of loving unselfishly and responsibly, then bridges to sexual intercourse as an intimate form of communication and love. Chastity is introduced as a virtue that helps persons love unselfishly and responsibly. In simple terms the Church position on sexual intercourse and homosexuality is presented. A Matching Exercise checks basic understanding of the key concepts, and the lesson closes with prayer.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

The teacher should review Lessons # 14 and # 15 as well as the related orientation material. The teacher can also prepare for the lesson by reading "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume of London (in Section 4).

Some background about chastity for the teacher follows:

Genuine chaste love is not selfish, possessive, or smothering but unselfish, non-possessive and freeing. Chastity presumes that one is faithful to God, to self, and to others.

Chastity is practiced in different forms in marriage, the single state, the priesthood and religious life. In marriage, chastity focuses on the faithful love between the husband and wife. For the single person, chastity refers to virginity practiced as long as the person is in the single state. In religious life, chastity is often called consecrated celibacy; this means virginity as a response to a Gospel invitation or virginity consecrated to Jesus Christ.

Helps to chastity include sound instruction about health, sex, relationships, prayer, counseling, and the celebration of the sacraments of Reconciliation and Eucharist.

The following selections may be helpful to the teacher:

"Persons by nature are sexual beings, endowed with sexual desires or drives. Some regulation of one's sexual appetite is required by the nature of human life, both personal and social. When self-moderation and self-regulation in sexual life are practiced, the natural virtue of chastity exists."
("Chastity," *Catholic Encyclopedia*)

"Mere conscious rejection or unconscious repression of sexuality is not chastity, for neither constitutes a moral moderation of sexuality but only warps and frustrates it."
("Chastity," *Catholic Encyclopedia*)

"Chastity, which includes self-control, not only protects you from AIDS but also helps you to develop who you are right now. Self-discipline is an integral part of the mature personality. . . ; the recovery of the virtue of chastity may be one of the most urgent needs of contemporary society."
("A Call to Compassion," Pastoral Letter by California's Bishops)

Vocabulary: (* = in Glossary)

*sexual intercourse
*heterosexual
*homosexual
*gay or lesbian
*chastity
*morality
*vagina
*penis
*semen

Suggested Materials

For review, Transparency Master # 15b
Transparency Master # 21a
Matching Exercise — Handout # 21b

Teaching/Learning Activities

A. *Introduction*
Ask the students to help name many ways we communicate with each other and make a list on the board (talking, touching, facial expression, etc.) Then proceed with ideas similar to these:

In all of these means, we may not allow other persons to really "know" us. We can easily hide our honest selves. However, when we love someone, we want to reveal our true selves and to be loved and accepted in return. We are not fearful of being known. We choose to spend time with a person we love. We want to know all about a loved one, so we find many ways to communicate.

B. *Presentation*
Married couples experience and express feelings of love in many ways including words, hugs, and kisses. This is, of course, natural and good. In God's plan, when people committed to marriage want to *communicate totally* and create new life, they continue to express their love, reaching the fullest expression as they unite their bodies in sexual intercourse. This is a very loving act between a husband and a wife that is an intimate sexual expression of their love for each other. During this loving act, the

man places his penis (the male reproductive organ) in the woman's vagina (the passageway to the uterus or womb). This is a very special moment within marriage.

The act can be used, however, in ways that can be seriously harmful — in terms of morality and in terms of health. First, let us look at the morality — at right and wrong.

The Catholic Church, reflecting the Word of God, teaches that intimate (close) sexual activity is right and good within marriage, but it should occur only within the relationship of marriage. Marriage calls each of the partners to be committed exclusively to each other for life. The Church clearly teaches that intimate sexual activity outside of marriage is seriously wrong.

In other words, it is wrong and harmful if young unmarried persons do not control their feelings of love until they can express them fully within marriage or if a man and woman who are not married to each other use this special expression. Many people have witnessed the havoc that can result to relationships and families.

What might be some of the reasons for the Church's teaching that intimate sexual activity should be reserved for marriage?

(keep the relationship special, provide for resulting children, symbolize a genuine unity, give family stability)

Some people today say it is impossible to respect this expression of special relationship and to keep it within marriage. But God our Creator has said it is possible and gives special help through a virtue called chastity. Chastity can be explained in many ways:

- as a virtue that helps persons to love unselfishly and responsibly;
- as a virtue that helps to control sexual desires;
- as a gift that enables persons to direct their sexual energies in ways that respect the wonder of their bodies and that communicate love unselfishly.

In addition to the issue of morality is the issue of health. There is also the danger of one of the partners contracting the AIDS virus if the other partner has it.

Does anyone recall the ways that *children* can get the AIDS virus?

Use Transparency Master # 15b to review.

Continue with Transparency Master # 21a:

Just as a person's blood can carry the AIDS virus, so too can the virus be carried in the semen, the fluid from a man's penis or in the fluid in a woman's vagina. The most common way the AIDS virus is spread among teenagers and adults is through intercourse with more than one partner. The more sexual partners a person may have, the greater are that person's chances of getting the AIDS virus.

God's command to be faithful to one another — given as early as Adam and Eve — not only protects family life; it can also keep the AIDS virus from spreading through the exchange of semen or vaginal fluids that occurs in sexual intercourse. If a couple is faithful to each other, they will eliminate the most common way that the AIDS virus is transmitted.

C. *Review*

Although sexual intercourse is a wonderful God-given means of communication and expression of love within marriage, we know it can be seriously harmful in two ways. Who can tell us these ways?

(Morally harmful if persons are not married to each other; harmful to health if one of the two persons has the AIDS virus.)

D. *Clarification*

We have been talking about the ordinary situation in which a man and a woman engage in sexual activity. There is a long word that describes a person who has a sexual orientation toward persons of the *opposite* sex. Does anyone know what that word is?

(heterosexual)

There is a word that looks similar to this word — homosexual. Briefly, a homosexual is a person who has a sexual orientation toward persons of the *same* sex. If the person is a man, sometimes he is called gay; if the person is a woman, sometimes she is termed lesbian.

Earlier we said that God expects a man and a woman not to engage in heterosexual activity outside of marriage. God expects them to live chastely. Although the circumstances are very different, there should be no sexual activity between homosexuals. God requires that they too develop and live the virtue of chastity.

Note to teacher: This section on homosexuality is an important but *brief* clarification. More will be included in Lesson # 34.

E. *Review*

We have covered a number of important ideas in this class. Let us see how many ideas you can remember by doing this Matching Exercise. (Handout # 21b)

Closure

Review by giving correct answers.

(Key for Column 2: # 3, 4, 1, 2, 10, 6, 5, 7, 8, 9)

Close with a prayer to use the gift of human sexuality according to God's plan. One suggestion follows:

> Our God, you have created us as good persons. You have made us as total persons — with maleness or femaleness. We thank you for all of your gifts — including your gift of sexuality. We accept this gift which makes us who we are and affects how we relate to each other and to the world around us. We ask that you help us always to be grateful for this gift, to respect our sexuality and that of others, and to use this gift and all your gifts according to your plan. We ask all this through Jesus. Amen.

How can the AIDS virus be transmitted?

Through an exchange of blood or
semen or vaginal fluid
with a person who has the AIDS virus.

This can happen

1. during sexual intercourse
   with a person infected with the AIDS virus
2. through use of
   a needle infected with the AIDS virus
3. through birth
   when the mother has the AIDS virus
4. through a blood transfusion
   infected with the AIDS virus
   (now very rare)

Handout # 21b

MATCHING EXERCISE

Directions: Put the # of the item of Column 1 that best matches in the blank of Column 2.

Column 1

1. homosexual
2. sexual intercourse
3. penis
4. AIDS virus
5. heterosexual
6. transmit
7. Catholic Church teaching
8. AIDS virus infection
9. chastity
10. vagina

Column 2

_____ male reproductive organ

_____ carried in blood, semen, vaginal secretions

_____ a person who has a sexual orientation toward persons of the same sex

_____ sexual joining of two individuals

_____ female passageway to the uterus or womb

_____ to pass from one to another

_____ a person who has a sexual orientation toward someone of the opposite sex

_____ intimate sexual activity shall occur only within the relationship of marriage

_____ an infection that is most commonly spread among teenagers and adults through intercourse with an infected person

_____ a virtue that helps persons to love in an unselfish and responsible way

Lesson # 22

TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

T-10 suggest ways to deal with peer pressure;

T-11 explain basic safety precautions related to emergency procedures;

T-13 discuss Christian response and health hazards related to any experimentation with sex or drugs.

Two sessions are recommended.

Overview

By means of a letter or a guest speaker, the students may have an opportunity to communicate directly with a person living with AIDS. The students will either read a recent letter from a person living with AIDS or personally interview a person living with AIDS regarding the effect of peer pressure in his/her life, especially peer pressure that led to experimentation with sex or drugs. (An alternate activity involves using the letter provided; it is based on one of the "many faces" of AIDS in a USCC Administrative Board document.) The students then reflect on Jesus' response to both the person and the peer pressure. The ideas learned from this activity may be shared with others. In the second part of the lesson, students learn safety precautions for handling blood during accidents.

Suggested Teacher

Religion, health, or science teacher

Basic Information and Vocabulary:

The teacher should review Lessons # 13, # 16, # 19, and # 21 as well as the related material in the orientation section. The teacher should be familiar with the Universal Precautions described in Section 4, immediately preceding the Glossary.

Suggested Materials

Transparency Master # 21a

Handout of either a recent letter from a person living with AIDS or the following letter, based on a selection from "The Many Faces of AIDS: A Gospel Response":

> "When I was young, my friends always pushed me to escape from my mother's house. They (and me too sometimes) thought the house felt like a prison. The best escape came through drugs. They showed me how to do it, always found a supply, and shared their needles. Now after being really sick for about six months, I have been admitted to a hospital — with no money to pay the bills. They tell me I have AIDS. I don't know how all this has happened to me. Sometimes I don't think I have any control of life. Sometimes I think I gave my friends too much control of my life."

Teaching/Learning Activities

A. *Preparation*

Elicit a letter from a person living with AIDS, giving the person's major life points and the current situation, (or use the brief letter provided) or invite a carefully selected person living with AIDS — preferably with a Christian value system — who is willing to be a guest speaker.

B. *Presentation*

Ask the person who is writing or speaking to the class to tell how he or she yielded to peer pressure and began to experiment with sex or drugs.

C. *Reflection and Discussion*

In small groups, ask the students to reflect upon the question.

What can you learn from this experience?

If Jesus were to meet this person today, how would he respond?

If Jesus had been in this person's place at the time of the peer pressure, how would he have responded?

Discuss some responses to the reflection questions, taking care that two points emerge:

1. Jesus' empathy with the seriously ill person;
2. Jesus' teaching that we can — with God's help — overcome temptation and choose good.

D. *Assignment*

Then give a wide choice of topics for a related assignment. This will increase students' interest in each other's reports. Some possible assignment ideas follow:

1. Write a short theme or commercial on Coping with Peer Pressure Today.

2. Interview others by tape on the topic:
   How can I withstand peer pressure in regard to drugs, sex, or other areas?
   Interview 3 peers
   3 teachers
   3 parents
   principal or DRE
   pastor

3. Give Scriptural examples of Jesus responding to pressure.

Closure of First Part

In class — as a whole or in small groups — hear students' themes, commercials, Scriptural examples, and overviews of taped interviews. If desired, decide which items would be of interest to others and either publish some that would be appropriate in the school/parish newspaper or share them in a closed-circuit television broadcast for the upper grades or parent group.

D. *Review* (To Begin Second Part)
Begin this part with a review of the four ways that the AIDS virus can be transmitted through exchanging body fluids with a person infected with the AIDS virus (as on Transparency Master # 21a):

- during sexual intercourse with a person infected with the AIDS virus;
- through use of a needle infected with the AIDS virus;
- through birth when the mother has the AIDS virus;
- through a transfusion infected with the AIDS virus (now very rare).

E. *Presentation*
In addition to these four ways, one other situation might allow an exchange of blood with a person infected with the AIDS virus. The AIDS virus could possibly be caught when responding to a medical emergency — like a serious accident on the playground or a wreck on the highway — when persons are hurt and bleeding seriously.
Note: Give facts but diffuse fear.

A small number of doctors and nurses have been infected when they handled blood infected with the AIDS virus without proper precautions. That is why some health experts tell us to be very careful with accidents that involve much bleeding. Remember that the AIDS virus can be in people's blood without them knowing it. If ever you, your family, or anyone else should find someone hurt and seriously bleeding — you should be careful.

(Role play) If I have a big cut on my hand and I wipe up a lot of blood of a person who has the AIDS virus, I could get the virus. As much as possible, try to call an adult if a serious accident occurs. If possible, don't handle it yourself.

Whoever handles an accident should use rubber gloves to help a seriously bleeding person or to clean up a lot of blood. That's the safest way. The AIDS virus does not live long when washed with a bleach-and-water solution (1 part bleach in 10 parts water). A good soap-and-water hand washing will also kill the virus.

F. *Practice*
Let us pretend that you and your Uncle Joe are home when the electrician comes to replace some wiring. Unfortunately, the electrician falls from a ladder, hits his head, and bleeds seriously. After the injured worker is taken away in an ambulance, your uncle reaches for paper towels to clean up the blood.

Now please move together into pairs. Each of you closest to the windows will become Uncle Joe. The other will now explain to Uncle Joe what would be a safer way to clean up the blood and why he should use the safer way.

G. *Summary*
To help us check whether our explanations were complete and accurate, let us list on the board some basic safety precautions that anyone should use when an emergency involves a seriously bleeding person:
(Use rubber gloves; try not to get blood in any open cuts. Clean up with 1/10 bleach/water solution. Wash hands with soap and water.)

Closure of Second Part

Take time to copy the basic safety precautions in notes. Then suggest that the students share these with older members of their families.

The Call

Let the class, through a local social agency, try to "adopt" a person living with AIDS through letter writing or by inviting the person to the class.

Suggested Lessons for Grade 7

The Seventh Grade Student

Seventh grade students continue to search for their identity, with their sexual identity playing an increasingly central role in their development. Frequently they are confused by their feelings for members of their own sex. At this time, when they need answers to specific questions related to their own social and physiological development, they are embarrassed and fearful of appearing uninformed.

Twelve-year-olds are persons who
- worry about the changes in their own bodies;
- understand that behavior has consequences;
- need basic information about sexuality and their own feelings;
- can make choices and judgments related to criteria;
- question religious teachings as they mature in faith development.

Some suggestions for teaching seventh graders
- use some process that allows students' questions to be answered quickly and comfortably;
- clearly present body changes that can be expected as well as the time variations among individuals;
- demonstrate in classroom prrocedures that behavior has consequences;
- allow opportunities to express personal feelings;
- give practice in making judgments using criteria;
- recognize peer pressure and try to use it positively;
- be at ease with questions about religious teachings;
- support students, especially when confused or doubting.

Lesson # 23

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-7 describe in accurate and sensitive terms what it is like to have AIDS;

C-8 reflect on the pain of persons who have the AIDS virus and on the trauma experienced by their families;

C-9 respond to any prejudice or alienation shown to persons with the AIDS virus with a sense of conviction and compassion.

Overview

After the students prayerfully reflect on the story of Stephen, the teacher invites group discussion about the trauma of persons with AIDS and their families. The lesson can close with the spontaneous enactment of a modern parable and a take-home chart to share with students' parents. Throughout the lesson, the teacher models the use of accurate and sensitive terminology.

Suggested Teacher

Religion, science, or health teacher

Background Information and Vocabulary

The teacher should be familiar with the content of Lessons # 17 and # 20. The teacher may, if desired, include other terminal diseases in the discussion of AIDS.

Vocabulary: (* = in Glossary)

*AIDS	challenge
responsibility	trauma
*compassion	pastoral statement

Suggested Materials

New Testaments (for students)

Copies of the story about Stephen in "A Challenge and a Responsibility," by Cardinal Joseph Bernardin (in Section 4)

Handout # 23a, Questionnaire on Cardinal Bernardin's Pastoral, for student groups

Handout # 23b, Christian response worksheet

Teaching/Learning Activities

A. *Introduction*

To set the learning climate, the teacher invites the students to place themselves in a posture of prayer and reflection.

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B. *Presentation*

1. The teacher begins the class by telling or reading the "Story of Stephen" from Cardinal Bernardin's Pastoral Statement (in Section 4).

2. The teacher and students spend time in silent reflection.

3. The class is encouraged to respond in simple, spontaneous prayer.

C. *Discussion*

The teacher invites and lists responses from students to the following:

- What do you feel it is like to be a person living with the AIDS virus? a family member of a person with the AIDS virus?
- What are the fears and worries of a person living with the AIDS virus? the kinds of discrimination the person may experience? the alienation even from one's closest family members?
- What Scriptural examples can you recall that suggest how Jesus would respond to a person who is in pain? who is very weak?

D. *Group Discussion*

This group discussion is designed to lead students toward a compassionate response to the problem of AIDS in our society.

The teacher divides the class into groups and appoints within each group a leader to keep the group "on task" and a reporter to summarize the group's response. Each group receives a copy of Handout # 23a, "Questionnaire on Cardinal Bernardin's Pastoral Letter." Each group discusses the first two questions related to "Story of Stephen." In addition, each group is assigned questions on *one* of the three following segments: Gospel, Society, or Church.

At the end of a designated period, the reporters present the insights and responses of their groups to the class.

The key points to be elicited (if they are not reported) are evident in the pastoral statement. The four sections in Cardinal Bernardin's statement parallel the four sections on the student questionnaire.

E. *Student Activity*

Volunteer students will be invited to enact a spontaneous scenario: "Modern Parable of the 'Story of Stephen' and the Response of Jesus through the Members of His Church."

Closure

The teacher provides the students with Handout # 23b, a chart on the Christian response suggested by Cardinal Bernardin. This response involves attitude, prayer, education, and ministry as reflected in the life and teachings of Jesus.

Each student completes an individual chart. Students are then encouraged to share their charts with their parents and to discuss the words of Cardinal Bernardin as well as their own reflections on AIDS.

Lesson # 24

BASIC INFORMATION

Lesson Objectives

The students will be able to
B- 7 learn about testing for HIV infection;
B- 8 define and explain Human Immunodeficiency Virus (HIV);
B-10 explain the potential stages of HIV infection;
B-11 identify the signs and symptoms of HIV infection.

Two sessions may be desired.

Overview

This lesson will give students factual information regarding HIV testing and the history of AIDS. The students will be involved in discussing the issues and will be challenged to search for ways to help further HIV research.

Suggested Teacher

Religion, science, or health teacher

Handout # 23a

QUESTIONNAIRE ON CARDINAL BERNARDIN'S PASTORAL LETTER

Story of Stephen

1. What were some of the difficulties Stephen faced as a result of his illness?
2. Discuss alternative ways Stephen's family could have responded to the news of his illness.

Gospel

1. What would you say to a person who believes that AIDS is a punishment from God? Do you believe that sickness and suffering are God's way of punishing us?
2. How would Jesus respond to a person with the AIDS virus? How would he minister to that person's family?
3. How would you describe the challenge and responsibility of Christian persons toward persons living and dying with AIDS?

Society

1. How can we dispel our fears, prejudices, and misconceptions about people who have AIDS or any other communicable disease?
2. What specific things can society do to respond to the human needs of persons living with AIDS?
3. What can you do as an individual to respond to the human and spiritual needs of persons infected with the AIDS virus?

Church

1. How can we help one another to form "a correct, compassionate, and healthy attitude" toward those who have the AIDS virus and their families?
2. How would you feel if you knew (OR How do you feel knowing that) someone in your class/school/ neighborhood has the AIDS virus?
3. How could you respond in a Christian way to that person and the family?

CHRISTIAN RESPONSE TO AIDS

CONCEPTS	COMMENT
Attitude: Personal response toward AIDS What would I say to a person who believes that AIDS is a punishment from God? How can I help to form (in myself and others) a correct, compassionate, and healthy attitude toward those with the AIDS virus and their families?	
Prayer: Spiritual response in communion with God How would Jesus respond to a person with the AIDS virus? What can I do to respond to the human and spiritual needs of those who have the AIDS virus?	
Education: Value response in discerning facts from myths How can I dispel my own and others' fears, prejudices, and misconceptions about people who have the AIDS virus??	
Ministry: Personal response toward persons with AIDS How could I respond in a Christian way to a person or family living with the AIDS virus? How would I respond if someone in my class has the AIDS virus?	

Basic Information and Vocabulary

The teacher should be familiar with the information in Lessons # 21 and # 23, reviewing with the students as needed.

Vocabulary: (* = in Glossary)

- *AIDS
- *virus
- *ELISA
- *symptom
- *HIV
- *antibodies
- *infectious
- *asymptomatic

Suggested Materials

Transparency Master # 24a, Defining HIV
Transparency Master # 24b, Stages of HIV Infection
Transparency Master # 24c, Symptoms of HIV Infection
Transparency Master # 24d, Testing for HIV Infection

Teaching/Learning Activities

A. *Introduction*

To set the climate for this lesson, the teacher poses a moral dilemma (i.e., a scenario about a person who has AIDS and is rejected) for the students' reflection. A sample follows:

> In the large apartment complex where you live, your friend's father has been diagnosed with AIDS and has lost his job. Other families living in the building have found out and are petitioning for your friend's family to move. How do you feel about this situation? Do you think they should have to move?

After some quiet reflection the teacher should invite spontaneous invocations for those suffering from discrimination, prejudice, and alienation — in this way beginning the class with prayer.

B. *Presentation*

Students need to understand that AIDS is the end stage of a very long infection with a virus known as the AIDS virus. The students will be introduced to the correct terminology of the AIDS virus, the Human Immunodeficiency Virus (HIV).

Explain Transparency Master # 24a, emphasizing the main ideas:

- This virus may infect anyone.
- HIV is not limited to any age, race, sex, or sexual orientation.
- HIV infection goes through stages with the ultimate outcome of AIDS.
- If infected with HIV, a person at any stage can infect another person.

Continue the presentation, using Transparency Master # 24b, The Stages of HIV Infection. Two different visuals show the same basic ideas. The most important ideas about the time frame could be stated in this way:

> Scientists believe that most, if not all, of HIV infected people will develop AIDS although it may take five to ten years for symptoms to appear and even longer for the final stage of AIDS to develop.
>
> HIV can be transmitted to others during the long period preceding symptoms as well as after the development of AIDS.

Using Transparency # 24c, Symptoms of HIV Infection, explain to the students that these symptoms

- are persistent
- are unexplained (cannot be connected to another illness) and
- can only be diagnosed by a physician.

Using Transparency # 24d, "Testing for HIV Infection," the teacher explains to the students how HIV infection is diagnosed:

> There is no simple single laboratory test for HIV. Usually a doctor begins by asking about the medical history of the patient, then gives the person a physical examination and may perform a series of tests. Doctors may *examine* many persons who are concerned about AIDS; laboratory *testing* may not be required in all cases.
>
> The doctor ordinarily talks with the patient about the physical symptoms, like swollen lymph glands, weight loss, night sweats, fatigue, and certain kinds of skin conditions. (Refer back to Transparency Master # 24c.) If these signs last over a long period of time, the physician will request blood tests.
>
> Three types of tests may help in diagnosing HIV infection or AIDS:
>
> 1. Blood screening tests for the HIV antibody;
> 2. Test of the immune system;
> 3. HIV tests.
>
> > 1. Blood Screening for the HIV Antibody
> >
> > Since testing blood for the HIV/AIDS virus itself is difficult and costly, mass screening uses a test that finds *antibodies* to the HIV/AIDS virus. In other words, the test checks whether the immune system has formed substances in response to the foreign agent of HIV.
> >
> > One of the cheapest and simplest methods is called the ELISA test, in which a blood sample is added to bits of proteins from HIV/AIDS virus grown in the laboratory. (ELISA = enzyme-linked immunosorbent assay) If the blood contains antibodies, they will attach to the virus particles. Chemical reactions will then change the color of the mix.
> >
> > The test, however, sometimes indicates the presence of antibodies when none are actually there. For that reason, an ELISA is not called "positive" until the test is repeated and confirmed or another test is used to confirm the results from ELISA.

If antibodies are found in a person's blood, it does not necessarily mean that the person has AIDS. It simply means that HIV has infected the person's bloodstream.

Most scientists believe that those who have HIV will go on to develop AIDS: they believe that it may take many years, but it will eventually happen. Some people are HIV infected for a number of years and do not develop symptoms of AIDS, but they can spread the virus to others. Refer to Transparency # 24b.

2. Test of the Immune System
To check the immune system of a person with suspicious symptoms, a doctor can order special analysis of the white blood cells and antibodies of that person. Remember, every person has a natural ability to fight disease. People who have HIV infection have many severe problems with their immune systems.

3. HIV Tests
Very specialized tests used in research can tell whether HIV is actually in a person's blood. Researchers are currently working to develop simpler ways to test for the AIDS virus in the blood.

C. *Review*
1. Is there a test for AIDS?
2. In what ways can HIV infection be tested?
3. Is there a blood test to detect infection with HIV? How is it used?
4. When is a person infectious with HIV?

D. *Student Activity*
The teacher invites student brainstorming on the question:
Who would benefit from HIV testing?

The teacher or a volunteer student lists responses on the chalkboard under the above question. When using the brainstorming technique with students, it is important to allow them the time and freedom to list every possible answer. Needed clarifications can be made after the brainstorming.

Sample responses:

- someone who is having symptoms of HIV infection over a long period of time
- intravenous drug users and abusers
- anyone who has been sexually active with more than one person or with someone whose sexual history was unknown
- sex partners of anyone engaging in any of the above high risk activities
- any woman who is considering bearing a child if she has engaged in the above high risk activities or if she has had sex with a person engaging in high risk activities
- a nurse, doctor, dentist, or any other health worker who has an accidental and significant exposure to blood of persons with HIV infection
- people who have received many transfusions of blood or blood products after AIDS first surfaced in about 1980 and before March, 1985 when the American Red Cross began screening blood donations

At the end of the brainstorming session, the teacher should take the occasion to dispel erroneous ideas, to clarify factual data, and to caution about the importance of not giving in to unfounded fears.

To condlude this concept, the teacher should make known to students that the results of medical tests are given in a confidential manner to the person who is tested. In some states, positive test results of a person's tests must be shared with Public Health authorities to help control the spread of the AIDS viurs/HIV.

According to American Red Cross information, the local public health department should be contacted to determine where tests are available in a specific area, if the test is free, if a parent's permission is necessary, and whether positive results are reported to public health authorities. The teacher may wish to get this information and make it available. The teacher may also stress that, by learning about HIV, many people will realize that they have not put themselves at risk and do not need testing.

E. *Optional Debate*
The class could use the debate format to examine the issue of HIV testing further.
Resolved: "HIV testing should be mandatory before people get married!"

If so, the students would draw for affirmation and negative positions, take time for preparation, then present arguments. Some possible organizational suggestions follow:
1. Select two debate teams to argue the issue; take a straw vote to determine the winning team.
2. Divide the entire class into small groups of 4-6 students; let two groups take opposing views and debate the issue.
3. Divide the entire class into small groups of 4-6 students; form two teams within each group and debate.

Closure

The lesson could conclude with students deciding on ways they could make HIV/AIDS research better known in their school; for example:

- Use a bulletin board as a Resource Gatherer where relevant articles are displayed.
- Conduct an ongoing "Media Watch" with volunteers from the class gathering all the information from media sources over a given period of time and sorting it into fact or myth, true or false, research or hearsay, etc.
- Ask the school librarian to add HIV/AIDS information to the library's clipping service to provide an updated resource for all.

DEFINING HIV

HIV is
a virus
which causes the condition of AIDS.

H — Human
I — Immunodeficiency
V — Virus

Human — This virus
INFECTS HUMAN BEINGS,
regardless of age, race,
sex, or sexual orientation.

Immunodeficiency — This virus WEAKENS
the body's immune (defense)
system.

Virus — A virus is
an organism
which CAUSES DISEASE.

All or most persons
infected with HIV
will develop AIDS.

Anyone
infected with HIV
is infectious.

STAGES OF HIV INFECTION

HIV infection weakens the immune system leading to the final stage of AIDS.

INITIAL INFECTION

0 - 5 years

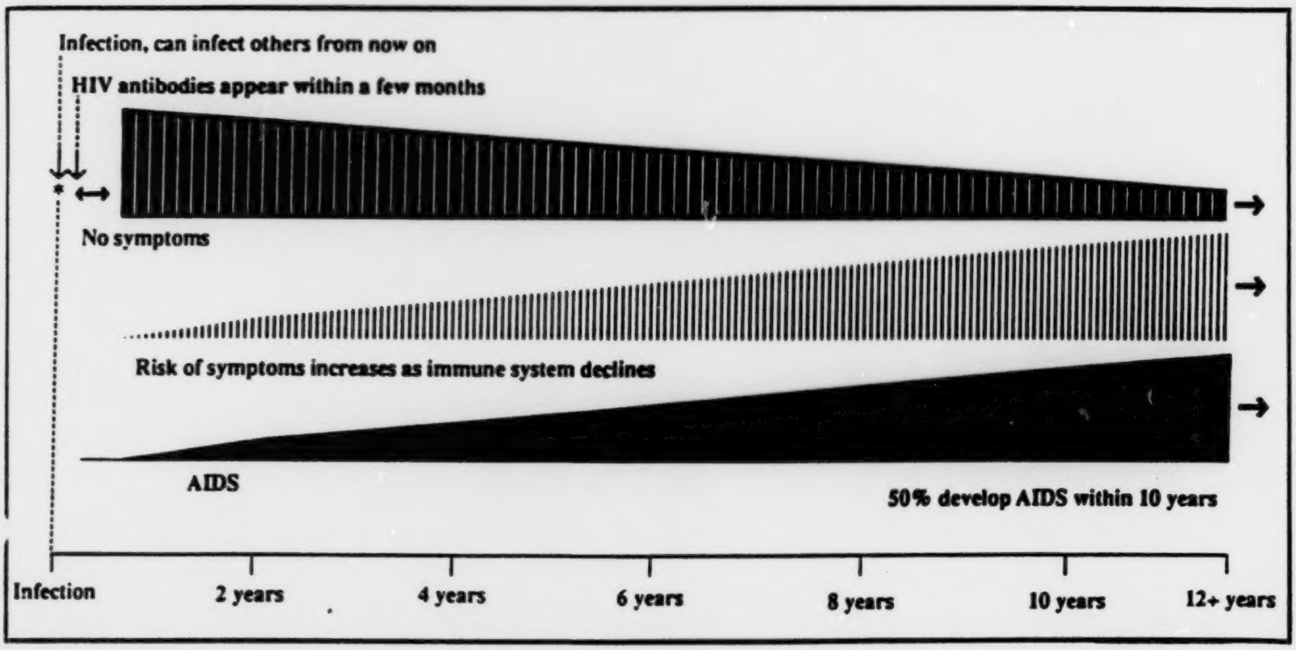
ASYMPTOMATIC INFECTION

5 - 10 years

SYMPTOMATIC INFECTION

10 - 20 years

AIDS



SYMPTOMS
OF
HIV INFECTION

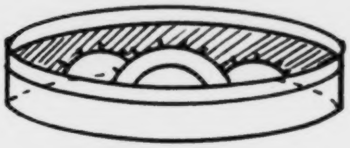
- Unexplained persistent fatigue
- Unexplained fever, chills, night sweats
- Unexplained weight loss
- Unexplained swollen glands (neck, armpit, groin)
- Purple or red, flat or raised blotches on or under the skin
- Persistent white spots or unusual blemishes in the mouth
- Persistent diarrhea
- Persistent dry cough

Transparency Master # 24d

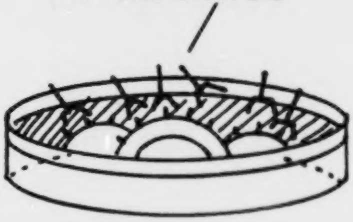
TESTING FOR HIV INFECTION

1. Blood screening tests for the HIV antibody

Example — ELISA:



Lab-grown HIV



Positive test HIV antibodies bind to viral proteins

2. Test of the immune system

3. HIV tests

Lesson # 25

BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

B- 5 describe the body's immune system and its destruction by the AIDS virus (HIV);

B- 9 state that AIDS is technically not a specific disease but a syndrome or condition caused by HIV infection;

T-12 identify four ways the AIDS virus (HIV) is transmitted and prevented.

Overview

After reviewing the seriousness of the AIDS threat, the teacher reviews basic information about HIV infection, teaches additional information about its effects on the immune system, then closes with a crossword puzzle that supports both old and new learning.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

The teacher should be familiar with the content of Lesson # 18.

Vocabulary: (* = in Glossary)

*AIDS	*HIV	*T-cell
*antibodies	*immune system	*B-cell
*opportunistic infections	*Kaposi's Sarcoma (KS)	
*Pneumocystis Carinii Pneumonia (PCP)		

Suggested Material

Current news articles

If needed for review, Transparency Masters # 15a, simple definition of AIDS; # 18a, meaning of acronym AIDS; # 18b, healthy immune system; # 18c, unhealthy immune system; # 24a meaning of acronym HIV

Transparency Master # 25a, an advanced definition of AIDS

Transparency Master # 25b, Opportunistic Infections

Transparency Master and Handout # 25c, AIDS and the Immune System

Handout # 25d, Crossword Puzzle

Teaching/Learning Activities

A. *Opening*

The teacher begins the class with prayer, perhaps giving thanks for God's creation of the marvels of the human body. Then the teacher assures the class that they can learn basic, accurate information about HIV AIDS through this lesson.

B. *Presentation*

The teacher may wish to use as review some prior Transparency Masters, e.g.,

15a simple definition
18a meaning of acronym AIDS
18b healthy immune system
18c unhealthy immune system

Then the teacher proceeds to develop basic HIV AIDS Information, using Transparency Master # 25a, an advanced definition of AIDS:

A disease state. . .

> In previous lessons — to keep the definition of AIDS simple — we have sometimes referred to AIDS as a serious *disease* that results in death for the person who is HIV infected. To be accurate, AIDS itself is really not a specific disease. This definition calls it a *disease state*. Sometimes it is called a syndrome or condition. From now on, rather than call AIDS a disease, we will try to use one of these more accurate terms.

. . . caused by the human immunodeficiency virus (HIV) that decreases functioning of the immune system.

Review Transparency Master # 24a as needed.

> AIDS is a medical condition caused by the human immuno-deficiency virus (HIV) in which the body's immune system (its natural defense against disease) fails to function properly.

When immune deficient, a person is susceptible to certain severe infections and cancers. Use Transparency Master # 25b.

> Death for a person with AIDS is a result of one of the opportunistic infections or an AIDS-related cancer (most frequently pneumocystis carinii pneumonia or Kaposi's sarcoma).

> Pneumocystis Carinii Pneumonia (PCP) is the most dangerous and most common infection found in people with AIDS. It is caused by a one-celled parasite which produces severe respiratory infection. People with PCP usually have a low-grade fever, a persistent dry cough, shortness of breath, and extreme fatigue. Some describe PCP graphically by saying, "It's like having your lungs filled with cotton candy. You can't get enough air into your lungs." Most of us have been exposed to PCP in our lives but our immune system keeps the parasites under control.

> Kaposi's Sarcoma (KS) is a type of skin cancer associated with AIDS. It is characterized by purple, blue, or red patches, flat or raised, occurring on top of the skin. KS lesions look like bruises that do not go away.

Moving from this definition, the teachers proceeds to Transparency Master # 25c (also used as handout, if desired) on "AIDS and the Immune System," explaining to the students:

T-cells are white blood cells produced by the thymus gland to help defend the body against invaders. There are two kinds of T-Cells: helpers and suppressors. The helper T-Cell is the "sentry" of the immune system as it moves throughout the body looking for foreign organisms. If a helper T-cell bumps into a foreign cell or organism, it sends alarm signals to the spleen and lymph nodes. These structures signal other T-cells in the body to reproduce quickly to fight the invader and B-cells to produce antibodies.

Once the infection is under control, the suppressor T-Cells call off the attack. The "alarm" is turned off and the system returns to normal.

Our bodies have gone through this process thousands of times in our lives. Usually, we are not aware of the invasion because the process works so well that we do not become ill.

C. *Activity*

The teacher may prefer an activity in which the students can act out the immune system's response to the measles virus versus the AIDS virus.

Choose seven students:

- one student to represent a T-helper cell;
- one student to represent a T-suppressor cell;
- one to represent a B-cell;
- one to represent a virus — first the measles virus, then the AIDS virus;
- three to represent antibodies.

Helpful props:

If the students wear identifying signs, the class will be able to follow and remember the action more easily. If the T-helper cell can wear a jacket, the student representing the AIDS virus can put on the jacket to disguise himself as a T-helper cell.

Ask the students to act quietly (and carefully) as you clearly read the following:

Normal Response to a Virus . . .

The T-helper cell is the quarterback of the immune system, directing the play of the other T-cells and of the B-cells. It recognizes a foreign organism. In this case it is the measles virus which is invading the body. The T-helper cell calls out to the B-cell to produce and send in a team of antibodies. The antibodies tackle and destroy the measles virus. Once the infection is under control, the T-suppressor cell acts as a referee and calls off the antibodies.

Response to HIV . . .

The T-helper cell sees the AIDS virus invading the body. The T-helper cell calls out to the B-cell to produce and send in a team of antibodies. While the antibodies are being produced, the AIDS virus invades, destroys the T-helper cell, and disguises itself as the T-helper cell. The antibodies arrive to tackle and destroy the AIDS virus, but they cannot distinguish the virus from the T-helper cell. They will not destroy what appears to be their own quarterback, the T-helper cell. Since the antibodies have no virus to attack, they wander around aimlessly. The AIDS virus will continue to invade and destroy other T-helper cells. Because the infection never comes under control, the T-suppressor cell never calls off the antibodies' production.

D. *Review*

The teacher ends the lesson by asking the students to respond in writing to the following questions:

1. How does a healthy immune system function?
2. What is the name of the virus that causes AIDS?
3. How does the HIV AIDS virus affect the immune system?
4. What happens to the person who is infected with the HIV/AIDS virus?
5. What kinds of diseases are usually associated with HIV infection?

Closure

Distribute Handout # 25d Crossword Puzzle. Explain to the students that the crossword puzzle will review the lesson about HIV and AIDS and will help to develop their vocabulary.

The Call

Invite a counselor of an AIDS support group to talk with the class about counseling and testing, new medications used in treating opportunistic diseases, and volunteer programs. As an ongoing activity, invite the class to respond to a volunteer program of their choice.

ANSWER KEY for Handout # 25d

Across:	Down:
2. ANTIBODY	1. HOMOSEXUAL
3. HIV	2. AIDS
5. SYMPTOMS	4. IMMUNITY
6. VIRUS	7. HETEROSEXUAL
7. HEMOPHILIA	9. ANTIVIRAL
8. ABSTINENCE	11. SYNDROME
10. NEEDLES	
12. BODYFLUIDS	
13. DRUGS	

```
H
O             A N T I B O D Y
M             I                 H I V
O             D                   M
S Y M P T O M S                   M
E                           V I R U S
X                                 N
U                 H E M O P H I L I A
A B S T I N E N C E               T
L                 T           A   Y
        N E E D L E S         N
                  R   S       T
                B O D Y F L U I D S
                  S   N       V
                  E   D       I
                  X   R     D R U G S
                  U   O       A
                  A   M       L
                  L   E
```

DEFINITION OF AIDS:

A = Acquired
I = Immune
D = Deficiency
S = Syndrome

A disease state caused by the human immunodeficiency virus (HIV) that decreases functioning of the immune system.

When immune deficient, the person is susceptible to certain severe infections and cancers.

OPPORTUNISTIC INFECTIONS

Opportunistic infections
ARE CAUSED by common microorganisms
that are found
in everyday environments.

USUALLY opportunistic infections
DO NOT CAUSE disease
in a person
with a healthy immune system.

However,
these common microorganisms
TAKE ADVANTAGE or take the "opportunity"
to infect someone
who has a weakened immune system.

A Sample List of OPPORTUNISTIC INFECTIONS

Used by the Centers for Disease Control (CDC) as AIDS-Indicator Conditions

- Pneumocystic Carinii Pneumonia (PCP)
- Kaposi's Sarcoma (KS)
- Cytomegalovirus (CMV)
- Salmonella Infection
- Candidiasis
- Toxoplasmosis
- Histoplasmosis
- Mycobacterium Infection

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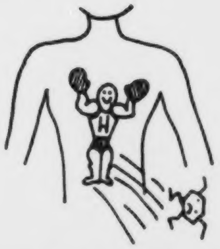
AIDS AND THE IMMUNE SYSTEM

Human blood contains different types of white blood cells that play different roles in protecting against disease. Among a type of white blood cells called LYMPHOCYTES are the "B" cells and "T" cells.

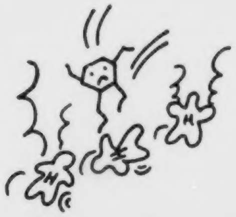
"HELPER CELLS"

Some "T" cells help the "B" cells produce antibodies that fight disease-causing organisms. These "T" cells are called helper cells.



"SUPPRESSOR CELLS"

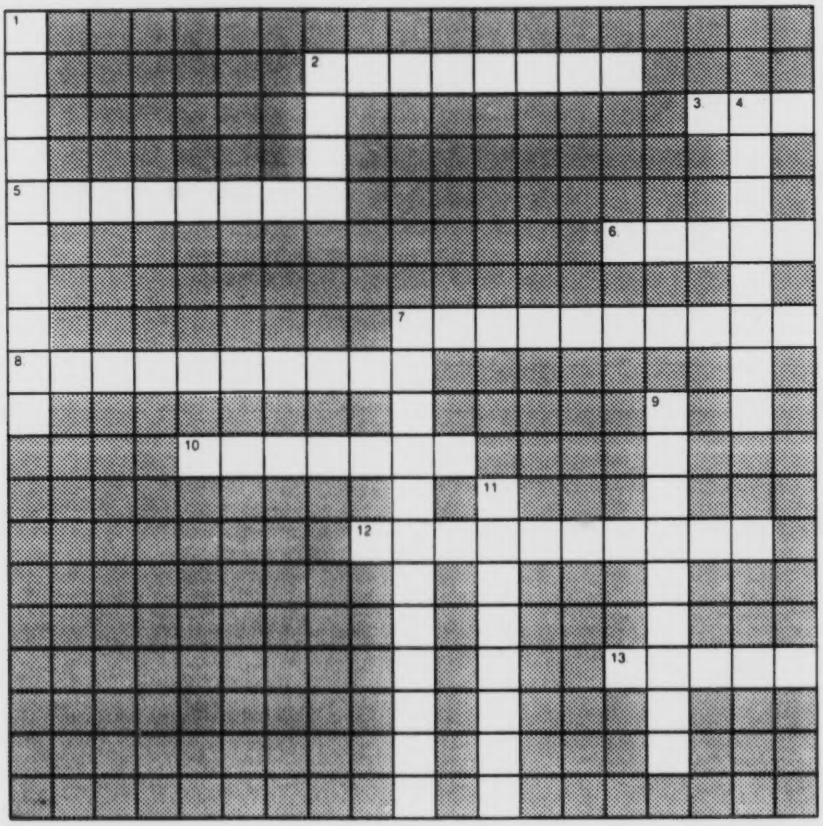
Other "T" cells, known as suppressor cells, work to stop or suppress the fight against invading germs once the infection has been overcome.



In a healthy person, helper cells outnumber suppressor cells by a 2 to 1 ratio. In a person with AIDS, suppressor cells outnumber helper cells, leaving the immune system weakened and ineffective.

Handout # 25d

CROSSWORD PUZZLE



ACROSS:

2. A protein substance formed by the body's immune system in response to a foreign agent
3. Human Immunodeficiency Virus (ABBR.)
5. Night sweats, fever, diarrhea, weight loss, fatigue, rare infections
6. An infectious organism within the body
7. A hereditary plasma coagulation disorder with excessive bleeding
8. Voluntarily doing without or refraining from something
10. Injection instruments that can become contaminated
12. Semen, blood, vaginal secretions, believed to transmit HIV (two words)
13. Narcotics

DOWN:

1. A person who has a sexual preference for someone of the same sex
2. Acquired Immune Deficiency Syndrome (ABBR.)
4. Body capability for resisting disease
7. A person who has a sexual preference for someone of the opposite sex
9. Against virus — some experimental drugs used to treat AIDS
11. A group of signs and symptoms that occur together

Suggested Lessons for Grade 8

The Eighth Grade Student

Eighth grade students have serious concerns related to their sexual identity. They are interested in developing relationships with peers of the opposite sex. Misinformation regarding sexual matters is common at this stage of development. Ignorance regarding risk activities that involve sex and drugs is common and inexcusable.

Thirteen-year-olds are persons who

- struggle to integrate sexuality into their lives as Christians;
- hover between childhood and adulthood;
- seek identity as members of groups;
- require honest, straightforward answers to questions concerning their sexuality;
- need guidance to make wise, moral choices about sexual activity;
- can identify with membership in a genuine faith community of believers;
- are in a state of rapid physical changes (more apparent in girls than in boys at this level).

Some suggestions for teaching eighth graders

- promote opportunities to develop healthy well rounded relationships with peers of both sexes;
- give comfortable opportunities for accurate sexual information;
- help to relate human sexuality with Christian living;
- answer questions comfortably and promptly;
- offer classroom opportunities as well as personal guidance regarding wise, moral choices;
- build the support of a faith community;
- regularly assure youngsters that changes are normal —though the rate varies from person to person.

Lesson #26

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-10 realize that every person has the right to care, comfort, and consolation when living or dying with AIDS;

C-11 recognize the responsibility of the living to care respectfully for the remains of the dead.

Overview

Beginning with a vignette about a person with AIDS, the students study a pastoral related to AIDS, discuss several questions, then write their own persuasive argument about needed compassion and respect.

Suggested Teacher

Religion, science, or health teacher

Background Information and Vocabulary

The teacher should be familiar with the content of Lessons # 17, # 20, and # 23.

Vocabulary: (* = in Glossary)

*compassion
discrimination
pastoral statement
persuasive

Suggested Materials

New Testaments (for students)

The teacher is encouraged to read Section III, pp. 11-17, of *Called to Compassion and Responsibility* by National Conference of Catholic Bishops.

Display of related Scriptural passages (See "*Setting*" below)

Teaching/Learning Activities

A. *Setting*

The teacher prepares for the lesson by attractively displaying Scriptural passages. These could appear on a bulletin board in large print for students' prayer and reflection. Examples of passages: 1 Cor. 12:26; John 9:2-3; Col. 1:24; James 5:14-15; Mark 1:40-41

B. *Opening*

The teacher sets the learning climate by sharing with the students a vignette from the "Many Faces of AIDS: A Gospel Response" (statement by NCCB Administrative Board) or a testimonial of a person or a family member of a person dying with AIDS.

BEST COPY AVAILABLE

Sample vignettes from "The Many Faces of AIDS":

> John is a young man who was raised in the inner city by a loving single-parent mother. Despite his mother's best efforts, he found his environment to be like a prison and sought escape by turning to drugs. Now after six months of intermittent illness, he has been admitted to a public hospital. The diagnosis is AIDS. He feels as if he has been victimized from the beginning by forces beyond his control.
>
> Lilly is fifteen months old. Her mother is a drug addict, was exposed to the AIDS virus before Lilly's conception, and Lilly was born with HIV infection. Her mother abandoned her. Lilly is being cared for in a public hospital. She will know no other home, for it is expected that she will die soon.

The students reflect on the vignette and the displayed Scriptural passages, then respond with an appropriate hymn as an opening prayer; e.g., "On Eagle's Wings."

C. *Mini-Seminar*
The teacher distributes copies of a bishops' pastoral statement — national, state, or local — to the students. Copies of *Called to Compassion and Responsibility* are available for purchase from the United States Catholic Conference.

The teacher lists the following critical questions on the chalkboard. After time for individual silent reading, the class is involved in the discussion of these questions.

1. What should be a Christian's ministry to persons with HIV infection and AIDS (and other serious illnesses), their families, and their friends?
2. What is a Christian student's responsibility to counteract the prejudice and discrimination shown to a person with AIDS?
3. Why does the Church have a responsibility to educate its members about HIV?

D. *Activity*
As a follow-up, the teacher asks the students to formulate a persuasive argument regarding the Christian's "Call to Compassion and Responsibility" toward persons living and dying with AIDS as well as their families and friends. They are to express their viewpoints in written form. The format selected should be appropriate for the purpose and the audience they wish to address. Some suggested formats are these:

1. Letter to the editor;
2. Open letter to a person living with AIDS;
3. Editorial for the (arch)diocesan newspaper;
4. Reflective suggestions to a pastor for a Sunday homily;
5. A script for an educational video.

Closure

Two or three students are asked to volunteer their favorite Scripture passage related to this lesson. It may be one of the passages posted on the bulletin board or another of their choice. After sharing the passage with the class, they and others may describe why this particular passage is so meaningful in the light of the above lesson.

Students should be encouraged to submit their persuasive writings to their pastor or the appropriate newspaper editor.

Lesson # 27

BASIC INFORMATION

Lesson Objectives

The students will be able to
B-10 explain the potential stages of HIV infection;

B-11 identify the signs and symptoms of HIV infection.

Overview

In this lesson, the students will learn about the symptoms and explain HIV infection. They will consider some of the myths projected about AIDS and clarify them with facts.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 18, # 23, # 24, and # 25.

Vocabulary: (* = in Glossary)

*symptoms
*infection
*myths
*AIDS
*HIV

Suggested Materials

Transparency Masters # 24a, # 24c, and 25a for review
Handout # 27a, Facts/Fallacies About HIV/AIDS
Transparency Master # 27b, Myths and Facts
Transparency Master # 27c, Natural History of Infection with HIV

Teaching/Learning Activities

A. *Review*
To review general information on AIDS, the students will consider myths that are rampant concerning AIDS. To begin, distribute to the students Handout # 27a, Facts/Fallacies About HIV/AIDS. Allow the students time to complete the worksheet individually. Then allow a self-check (aloud together or individually with printed key).

According to needs suggested by their answers, initiate discussion among the students, clarifying any misinformation.

Transparency Master # 27b, Myths and Facts, should be used during or after this discussion to end with clear impressions.

Then ask the students questions such as,
What are the common sources of myths?
(Many myths begin with people who talk about a subject when they know very little about it; from them people get inaccurate or incomplete information.)

As students discuss myths, the question of origination may surface. The exact origins of HIV/AIDS are not known (just as the origins of many viruses — such as polio and measles — are not known). Some researchers suggest that AIDS began in Africa. The disease was first noted in Africa, however, in the late 1970's and early 1980's which is about the same time it was being diagnosed in the United States.

It is important that the teacher emphasize that blame for HIV/AIDS cannot be placed on a group of people. No one, for example, can blame the people of Lyme, Connecticut, for the origin of Lyme Tick disease. Facts about the origination of HIV or any disease are important only if they help researchers discover a cure.

This class will offer additional accurate information about the stages of HIV infection. Do you recall the meaning of the acronym AIDS? the acronym HIV?
(Acquired immune deficiency syndrome; human immunodeficiency virus) If needed, use Transparency Masters # 25a and 24a to review.

Viruses must be inside living cells to live and reproduce. They are the smallest disease-producing germs. When the AIDS virus enters the body, the results are, at first, no symptoms. Then HIV-related illnesses may follow, and finally full-blown AIDS may develop. Today we will learn the differences among these stages.

B. *Presentation*
Using Transparency Master # 27c, Natural History of Infection with HIV, the teacher shows its three potential stages:

1. HIV Asymptomatic Stage
2. HIV Symptomatic Stage
3. AIDS and other life-threatening conditions

1. What is an asymptomatic stage?

Basically this person has an infectious organism within the body but does not feel or show outward symptoms. That person is, however, able to spread the AIDS virus through any mixing of blood, semen, or vaginal fluids.

2. What is the symptomatic stage of HIV infection?

HIV infection may have symptoms, but is a lesser response to the virus than is AIDS. HIV symptoms may occur alone or in combination: night sweats, fever, diarrhea, weight loss, fatigue, and uncommon infections. These symptoms may occur occasionally or almost all the time, and they may be more or less severe.

Use Transparency Master # 24c.

Many of these symptoms are similar to those of the common cold, the flu, and other illnesses. One difference is the severity and the length of time that they last. Remember: AIDS CANNOT BE SELF-DIAGNOSED. If any of you should have concerns about symptoms, it is important to consult with a physician, a parent, or another adult you can trust.

3. How does AIDS differ from HIV infection?

AIDS has a major effect on the immune system. Nevertheless, one of the striking qualities of AIDS is the tremendous variation in how it affects different people. Some people have been living with an AIDS diagnosis for years and are still working, energetic, and productive; others die within a few days or weeks of diagnosis. Some people are fatigued or very sick throughout the course of AIDS. For others, periods of relative health alternate with periods of illness. Some people with AIDS are severely disabled, and others are in excellent physical condition.

These symptoms depend, of course, on which opportunistic diseases take advantage of the deficient immune system.

Closure

The teacher may ask students to refer to Handout # 27a, Facts/Fallacies about HIV/AIDS, the worksheet used at the beginning of class. Items that can serve as a review and a final clarification of any misinformation include # 1, 9, 10, 14, 15 on the worksheet.

As a follow-up to this class, the teacher may ask the students to interview three people in their family or neighborhood about what they know and think about the AIDS virus. Students should prepare a written report based on these interviews for general classroom discussion.

FACTS/FALLACIES ABOUT HIV/AIDS

Instructions: **Place a check mark in the space provided.**

		AGREE	DISAGREE
1.	HIV can hide in an individual for 5 years or more without being detected.	________	________
2.	AIDS is a disease that attacks men only.	________	________
3.	The immune system is the body's natural defense against disease.	________	________
4.	Helper "T" cells stimulate the body to fight invading organisms.	________	________
5.	HIV takes over Helper "T" cells.	________	________
6.	HIV works by preventing the body from fighting infections.	________	________
7.	The AIDS virus is called HIV (H for human, I for immunodeficiency, V for virus).	________	________
8.	HIV can be transmitted through dirty needles.	________	________
9.	A person infected with HIV who shows no signs of infection will not infect others.	________	________
10.	Persons who have HIV will be infected for the rest of their lives or until there is a cure.	________	________
11.	The second most common way to acquire HIV is through sexual contact with an infected person.	________	________
12.	One way to transmit HIV is through vaginal fluids.	________	________
13.	There is much variation in the way HIV affects individual people.	________	________

	AGREE	DISAGREE.
14. Which of the following are symptoms of HIV infection:		
•hearty appetite	________	________
•night sweats	________	________
•weight gain	________	________
•blotches or spots	________	________
•constipation	________	________
•fever and chills	________	________
•excessive growth of hair	________	________
•persistent cough	________	________
•fatigue	________	________
15. Opportunistic infections do not cause disease in a person with a healthy immune system.	________	________
16. Many opportunistic infections related to AIDS can be treated.	________	________
17. Most persons die within two to five years of AIDS diagnosis because of related infections.	________	________
18. AIDS may be transmitted by:		
•air	________	________
•dishes	________	________
•sexual contact	________	________
•tooth brush	________	________
•water fountain	________	________
•food served by a person infected with HIV	________	________
•shaking hands	________	________
•used needles	________	________
•semen	________	________
•donating blood	________	________
•pregnancy and birth	________	________
19. AIDS cases have increased every year.	________	________
20. Drug abusers engage in high-risk behavior.	________	________

ANSWER KEY — FACTS/FALACIES ABOUT HIV/AIDS

1. Agree
2. Disagree [Women also acquire AIDS.]
3. Agree
4. Agree
5. Agree
6. Agree
7. Agree
8. Agree
9. Disagree [Once HIV infected, a person is infectious.]
10. Agree
11. Disagree [It is the primary method of contraction.]
12. Agree
13. Agree
14. Disagree [loss of appetite]
    Agree
    Disagree [weight loss]
    Agree
    Disagree [diarrhea]
    Agree
    Disagree [Hair growth was not mentioned.]
    Agree
    Agree
15. Agree
16. Agree
17. Agree
18. Disagree
    Disagree
    Agree [caused by the exchange of body fluids]
    Agree [There may be blood transferred.]
    Disagree
    Disagree
    Disagree
    Agree [Contaminated needles may transmit HIV.]
    Agree
    Disagree
    Agree
19. Agree
20. Agree

MYTHS AND FACTS

THERE ARE MANY MISCONCEPTIONS CONCERNING THESE FACTS.

THERE IS NO EVIDENCE THAT **HIV** IS SPREAD BY:

DOORKNOBS
CLOTHING
NONSEXUAL PHYSICAL CONTACT [Hugging]
SHAKING HANDS
SOCIAL KISSING
TOILET SEATS
WATER FOUNTAINS
BATHTUBS
INSECTS
CPR MANNEQUINS
SILVERWARE
PLATES
GLASSES

HOWEVER . . .

THE FOLLOWING COULD BECOME CONTAMINATED WITH HIV-INFECTED BLOOD.

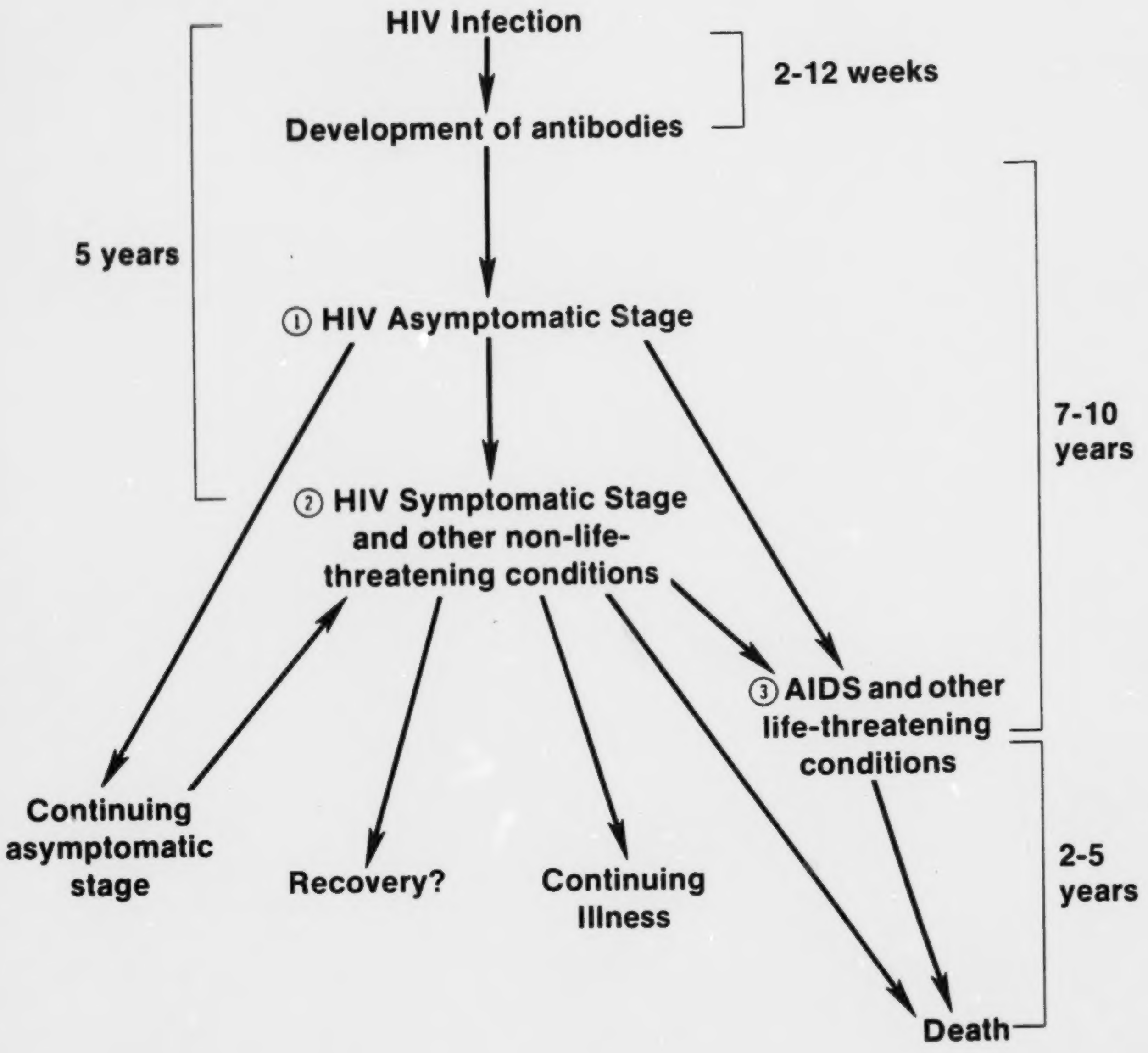
THEREFORE . . .

THEY SHOULD NOT BE SHARED.

TOOTHBRUSHES
RAZORS
TWEEZERS
I.V. NEEDLES

Transparency Master # 27c

NATURAL HISTORY OF INFECTION WITH HIV


HIV Infection
2-12 weeks
Development of antibodies
5 years
① HIV Asymptomatic Stage
7-10 years
② HIV Symptomatic Stage and other non-life-threatening conditions
③ AIDS and other life-threatening conditions
2-5 years
Continuing asymptomatic stage
Recovery?
Continuing Illness
Death

Adapted from Bartlett Population Reports

Lesson # 28

CHRISTIAN RESPONSE; BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

C- 4 understand and appreciate the importance of loving unselfishly and responsibly;

C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment;

B- 2 clarify that the AIDS virus — though communicable — is not caught through students' everyday activities or casual contact;

B- 6 define homosexuality and related Church teaching;

T- 9 articulate the morality of drug abuse and the risks involved in any use of unsterilized needles;

T-12 identify four ways the AIDS virus (HIV) is transmitted and prevented;

T-14 explain the morality and risk of HIV infection involved in sexual intercourse outside of faithful marriage;

T-15 explain the morality and unadvertised risk of HIV infection involved in using condoms;

T-16 explain the remote risk involved in transfusion with infected blood or blood products;

T-17 explain the risk to the unborn child of an infected mother.

Two sessions are recommended.

Overview

In this lesson, teacher and student deal with the hard facts of HIV transmission. Risk behaviors are explicitly taught within the background of Church teaching and the virtue of chastity. AIDS ends in death; students can protect themselves and their loved ones — in both the moral and medical sense — by avoiding high-risk behaviors.

Suggested Teacher

Religion, science, or health teacher

Basic Information and Vocabulary

The teacher should be familiar with the following:
Lessons # 14, # 16, # 19, # 21, and # 22;
the Orientation section of this book.

This lesson (as Lesson #21) briefly refers to homosexuality. Further study follows in Lesson #34.

Vocabulary: (* = in Glossary)

transmission
*sexual intercourse
*body fluids
*condoms
*homosexuality
*intravenous (IV)
*virus
*semen
*hemophilia

Suggested Materials

Handout # 28a, HIV/AIDS-Related Word Search
Transparency Master # 28b, Spreading HIV
Handout # 28c, How to Avoid Getting HIV
One or more copies of "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume of England (in Section 4) for silent or oral reading of Paragraphs 13-19 or total article (depending on class's reading ability).
Section IV, pp. 17-20, *Called to Compassion and Responsibility* by National Conference of Catholic Bishops

Teaching/Learning Activities

A. *Introduction*

The teacher focuses the students on this lesson through a preliminary word scramble exercise, Handout # 28a, HIV/AIDS-Related Word Search. This exercise could be assigned a day in advance or could be used during a preliminary session to insure that all students recognize and understand the vocabulary. The students may self-correct or may exchange their answers to the Word Search and discuss basic vocabulary meanings.

B. *Overview*

The teacher first explains the basic information regarding the transmission of HIV:

> The virus that causes AIDS lives in body fluids that contain white blood cells. Blood and semen contain a high concentration of white blood cells. Even though the virus might be present in a person's body fluids such as, blood, semen, or vaginal secretions, the virus has to get into another's bloodstream in order to cause infection. This happens chiefly during sexual contact and with the sharing of intravenous needles and syringes.

Use Transparency Master # 28b, "Spreading HIV," for this part of the explanation:

HIV is transmitted in four ways:

1. Sexual intercourse
2. Shared use of needles for IV drug use
3. Passing of the virus from mother to child, either before or during birth (possibly through breast milk)
4. Transfusion of blood infected with HIV (now rare).

The World Health Organization reports that, to date, no evidence exists to indicate that HIV can spread through teardrops, saliva, or kissing. A theoretical possibility of transmission from deep, open-mouth (i.e., "French") kissing exists if there is a direct exposure of mucous membranes to infected blood (e.g., through fever blisters, canker sores, cuts from braces). HIV lives in body fluids that contain white blood cells. Tears and saliva do not contain white blood cells.

The U.S. Surgeon General says there is no known risk of infection through ordinary contact in most situations we encounter in our daily lives. We know the family members living with individuals who have the AIDS virus do not become infected. There is no evidence that the virus has been spread from toilet seats, from swimming pools or whirlpools; from water fountains; from a Communion chalice; or from a hug or a handshake.

Refer to Transparency Master # 27b.

C. *Presentation*

During this part of the presentation, the teacher will discuss in detail the risk behaviors related to HIV transmission.

Begin with this statement written on the chalkboard:

Students need not fear getting HIV through ordinary school activities or other casual contact.

The best way to avoid fear is through knowledge. Today we will learn the most common ways in which HIV is transmitted:

Use Transparency Master #28b:

1. Sexual contact with an HIV-infected person
2. Drug abuse or use, sharing HIV-infected needles
3. Pregnancy with HIV or breastfeeding by an HIV-infected woman
4. Blood transfusions (very rare) of HIV-infected blood.

Notice that none of this transmission occurs by breathing germs in the air or by eating something that had picked up a virus.

All evidence indicates that HIV is transmitted only through direct blood-to-blood contact or through the contact of infected semen and vaginal fluid.

Then continue as follows:

Today we are going to consider in more detail those four ways in which HIV can be transmitted. Because these behaviors increase the chance of a person acquiring AIDS, they are often called "risk behaviors."

Continue to use Transparency Master # 28b, Spreading HIV, with this presentation. As the teacher discusses these risk behaviors with the students, it is important to take the time to answer their questions and to clarify as needed.

1. Sexual Contact

The most common way that people can get HIV is through sexual contact with an HIV-infected person. During sexual intercourse, the AIDS virus can pass from an infected person into the blood stream of his or her sexual partner.

As you have studied in religion and human sexuality classes, sexual intercourse is morally right only between a married man and woman. As Catholics, we believe that it is possible and necessary to practice the virtue of chastity before marriage and within marriage.

Check that students recall the meaning of chastity for single, married, and religious; review if needed using ideas presented in Lesson # 21.

If you are chaste, abstaining from sex until you are married to a partner who has also lived chastely, you do not have to fear the most common way in which HIV is transmitted. You have the right and the moral responsibility to postpone sexual activity until you are ready to make a commitment in marriage.

Now is the time to integrate a Christian understanding of sexuality into your lives, to grow in a healthy attitude toward yourselves, to develop good feelings about your maleness or femaleness. Then you will be able to relate meaningfully on the sexual level.

Some experts in health fields recommend condoms as a means of giving some protection against HIV. (A male condom is a protective sheath that fits over a man's erect penis and a female condom is a protective pouch with a ring on each end. The ring on the closed end is placed over the cervix with the open ring on the opposite end, extending outside a woman's vagina.) The Church has always held that the use of condoms as a form of birth control is immoral on principle. The only genuine protection against sexual transmission of HIV is chastity: first abstinence before marriage, then fidelity within marriage. We have accepted Christ's call to live a moral and faith-filled life. That kind of life not only has its own rewards, but also provides a natural protection against HIV.

Besides the church's moral opposition to the use of condoms, there is a growing body of literature which indicates that although they reduce the risk, condoms are not 100% safe; government tests indicate that the failure rate may be as high as 20%. Considering all factors, failure rate has been estimated in some research to range between 3% and 65%. This research is showing that condoms are also unreliable in preventing the transmission of HIV. From a moral point of view, condoms (male and/or female) are objectionable; practically, they are not always safe.

I am giving you these facts about condoms because you may have heard some advertising that implies that condoms protect persons against HIV.

At this point, teachers must be sure that the students understand that they are recommending chastity, not promiscuous sex; that they are adding truth to advertising about condoms, not advocating so-called "safe(r) sex." Teachers should ask for repetition to be certain that students are clear about what has been said.

We have focused on the fact that God invites genital sex between side of that is contrary to God's law whether it be between persons of different sexes (heterosexuality) or between persons of the same sex (homosexuality); moreover, unchaste actions can result in contracting AIDS — a condition that ends in death.

D. *Activity*

To raise the level of student understanding, discuss truth in advertising. Ask students to discuss the advertising claims of products versus the reality of the products (what advertisers say their products will do contrasted with what the products actually do).

Example: Acne medication

(All students at this age are very concerned about their appearances.) In a commercial, an acne product will boast how effective it is in preventing acne, but in reality the product at best will only help.

There is no guarantee that acne medication prevents pimples.

After the students list or name other products, make the point that there is no guarantee that condoms prevent the spread of HIV.

E. *Reflection and Discussion*

Allow time for reading aloud or silently the article, "AIDS: Time for a Moral Renaissance," by Cardinal Basil Hume of England. Use either part (e.g., Paragraphs 13-19) or all of the article. Tell the students that the article appeared in the London Times and refers to conditions in England; then ask them to jot down the ideas in the article which they believe apply to the U. S. as well. These ideas may be exchanged in small groups or within the total class.

The next part of the lesson affords an opportunity to discuss ways of practicing chastity as teenagers. Ask students to list some of the most convincing lines they have heard to pressure someone into having sex. They may include lines from life, books, TV, or movies. Then elicit from students some sensitive but firm ways of responding to these lines, of refusing involvement, and of living the Christian ideal of chastity.

F. *Presentation*

2. HIV-Infected Needles or Syringes

In presenting the second risk activity, the teacher will review with students the importance of saying "NO" to drugs and alcohol:

IV drug abusers often share needles for drug injection. This can result in small amounts of blood from an HIV-infected person being injected directly into the bloodstream of the next user.

Any drug use can lower the capacity of a person's immune system. The danger becomes even greater when drugs are injected and needles shared. By itself, intravenous drug abuse causes death and disease in a number of ways: overdoses, hepatitis, blood poisoning, and a newly discovered cancer. Sharing needles also adds HIV to the list of possible consequences of injecting drugs.

Other drugs, such as marijuana and alcohol, although they do not require needles, also suppress the immune system, affect people's ability to reason, and hinder them from making good decisions. If someone's reasoning is impaired, that person is likely to do high-risk actions that the person might otherwise have avoided. The basic message is that illegal drug use by itself is a major risk; adding the hazards of shared needles greatly magnifies that risk.

3. Transmission from HIV-Infected Mothers to Their Infants during Pregnancy or at Birth

A woman who is infected with HIV may give the virus to her baby during pregnancy or during birth. It is also possible that an infected mother could pass the virus during breastfeeding because breast milk is a body fluid that contains white blood cells. No children infected with HIV have survived for extended periods of time.

4. Transfusions of HIV-Infected Blood and Blood Products

Getting HIV through a blood transfusion is now very rare. This problem has been greatly reduced through screening out donors who may be at risk of getting HIV (since 1983) and testing all blood donations in the United States with the HIV/AIDS virus antibody test (since 1985).

The Centers for Disease Control estimate that a patient's chances of getting infected with the AIDS virus from a unit of transfused blood is about 1 in 100,000. By contrast, the average person's chances of getting killed in an auto accident in a year is about 1 in 5,000.

Moreover, all blood clotting products are now made from screened plasma and have been heated to destroy any HIV that might remain. The risk has been virtually eliminated.

Blood donors run no risk of getting HIV; all the equipment used is new, sterile, used only once and discarded after it is used.

G. *Review and Discussion*

The teacher distributes Handout # 28c, How To Avoid Getting HIV, inviting the students to study the sheet as a review and ask questions. If they are not familiar with emergency procedures, the material from Lesson # 22 should be reviewed.

The teacher then forms students into small groups to discuss the following questions:

1. In what ways could a person exchange blood with another person?

2. Before 1985 when blood and blood products were tested for presence of the AIDS virus, how could a person be infected?

3. Is there still danger of becoming infected as the result of blood transfusion?

4. How do drug users or abusers who have HIV, the AIDS virus, transmit it?

5. In what ways could medical persons — dentists, doctors, nurses — become infected with HIV?

6. How could an infant become HIV infected?

Some points that should surface during discussion:

1. By using anything contaminated with blood, by careless laboratory work or blood cleanup, by receiving infected blood, blood products, or organs. (To avoid excessive fear, note that these actions are hazardous only if the other person is carrying HIV. On the other hand, stress that one — including the infected person — may not know about the infection.)

2. By receiving a transfusion of HIV-infected blood or blood products.

3. The danger is extremely remote. No risk exists for persons who donate blood to the Red Cross or to a hospital.

4. Through shared intravenous needles, syringes, or other instruments.

5. By not carefully following procedures for handling of contaminated blood or other body fluids.

6. Through its development within an HIV-infected mother and/or through breastfeeding from an HIV-infected mother.

H. *Additional (or Alternate) Activity*

Write each of the following statements on a separate sheet of paper. Ask for student volunteers to read them to the class and explain the important facts that are missing.

1. "What's all the fuss about AIDS? A test will tell if you have it. Antibiotics will take care of it in ten days."

2. "My friends and I are cool. We inject and share needles all the time, but we wipe the needles. It's awesome!"

3. "I'm afraid to kiss my relatives and family goodbye. My grandfather could be a transmitter of AIDS!"

4. "I don't know how I could have possibly gotten AIDS. I don't fool around. Gosh, I feel awful. I have diarrhea, fever, swollen glands and a cough."

In responses, check for the following missing facts:

1. Immediate, accurate testing of AIDS is not available; no cure exists for AIDS. Remember the test is for HIV antibodies, not AIDS.
2. "Wiping needles" does not diminish the hazard; even boiling does not guarantee sterility.
3. Ordinary kissing is not hazardous.
4. Some symptoms could indicate HIV or many other conditions; only a physician can diagnose.

I. *Summary*

Distribute to students — in pairs, teams, or individually — Section IV, pp. 17-20, *Called to Compassion and Responsibility* by the National Conference of Catholic Bishops. Ask students to write a paragraph on their own call to responsibility.

Closure

Teacher asks students to respond to the following review questions:

1. In what ways is HIV, the AIDS virus, transmitted?
2. How can living by moral principles prevent the spread of HIV?
3. What are some ways to say "NO" to peer pressure?

Alternate review activity: Ask students to design an information booklet or page for people who do not know much about HIV/AIDS.

The teacher should encourage students to discuss at home how moral principles can help to avoid HIV transmission. They may wish to ask their parents or other family members

to share important family values,

to name a religious belief or principle that helps them to choose good actions,

to give examples of their own approaches to good decision-making,

to explain what they do when someone tries to pressure them into a wrong action, etc.

The Call

As an ongoing activity, invite the students to contact a family support group. Encourage them to adopt a family of a person who is living with or who has died with AIDS.

HIV/AIDS-RELATED WORD SEARCH

R V H G P K K B F A I T H A B L R S V Y W
B R Y T I N U M M I I E S A E S I D T T M
B R C P P M L S K D E D T C U C Z I A I Q
Q F N M B Q P W O S W R V T R H L U N L M
V H E M O P H I L I A C E E F A S L S E V
S T I K Q S E M E N T F S B U S Q F F D Z
R C C D E M A L S D I L B X M T B Y S I C
O O I E V H A M F E L P E I S I Z D W F M
I N F N S U I P C I T S I N U T R O P P O
V T E Z X S G V K R N E B V H Y A B B R R
A A D E S V E S H A B S T I N E N C E I A
H M S I L B L S M O D N O C B O G B J N L
E I O Y C A S U A L C O N T A C T X V C Z
B N R P S T H O M O S E X U A L R J D I C
K A X U C R V L Z K A B K V L B E Y U P R
S T F M N O I J N Z F H G W X M A E I L E
I E G A I R R A M E R U S S E R P R E E P
R D K O P N U O V B S X E U J I Z C T S K
N V Z O U P S Y H J R C O M M I T M E N T

Can you find these words?
(Be sure to check for backward and upsidedown words)

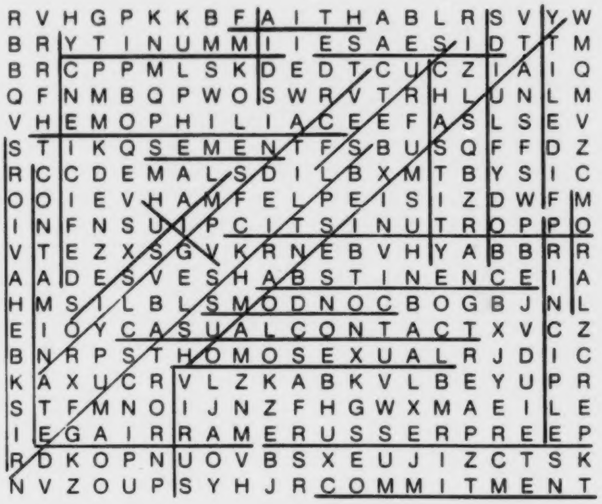
COMMITMENT
HUMANSEXUALITY
OPPORTUNISTIC
TRANSMISSION
HOMOSEXUAL
SEXUAL
CHASTITY
AIDS

PEER PRESSURE
CASUALCONTACT
RISKBEHAVIORS
HEMOPHILIAC
BODYFLUIDS
IMMUNITY
CONDOMS

PRINCIPLES
REFUSALSKILLS
CONTAMINATED
DEFICIENCY
ABSTINENCE
MARRIAGE
DISEASE

SEMEN
FAITH
VIRUS
HIV
FETUS
MORALS
FIDELITY

- - - - - - - - - - Detach Answer Key for later distribution - - - - - - - - - -



R V H G P K K B F A I T H A B L R S V Y W
B R Y T I N U M M I I E S A E S I D T T M
B R C P P M L S K D E D T C U C Z I A I Q
Q F N M B Q P W O S W R V T R H L U N L M
V H E M O P H I L I A C E E F A S L S E V
S T I K Q S E M E N T F S B U S Q F F D Z
R C C D E M A L S D I L B X M T B Y S I C
O O I E V H A M F E L P E I S I Z D W F M
I N F N S U I P C I T S I N U T R O P P O
V T E Z X S G V K R N E B V H Y A B B R R
A A D E S V E S H A B S T I N E N C E I A
H M S I L B L S M O D N O C B O G B J N L
E I O Y C A S U A L C O N T A C T X V C Z
B N R P S T H O M O S E X U A L R J D I C
K A X U C R V L Z K A B K V L B E Y U P R
S T F M N O I J N Z F H G W X M A E I L E
I E G A I R R A M E R U S S E R P R E E P
R D K O P N U O V B S X E U J I Z C T S K
N V Z O U P S Y H J R C O M M I T M E N T

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SPREADING HIV

(4 known ways)

1. **SEXUAL CONTACT**
   with an HIV-infected person

2. **DRUG ABUSE**
   through sharing HIV-infected needles
   or other drug-related items

3. **PREGNANCY**
   or breastfeeding by a woman infected
   with HIV

4. **BLOOD TRANSFUSIONS (VERY RARE SINCE 1985)**
   of HIV-infected blood
   or blood products

HOW TO AVOID GETTING HIV

SEXUAL CONTACT

Develop the skill to say no.

Abstain from sex until marriage.

Be faithful within marriage.

Never have sexual contact with anyone
whose history and current health status are unknown,
who has had multiple sex partners,
who is known or suspected of having HIV/AIDS,
who abuses intravenous drugs.

DRUG USE

Never abuse intravenous drugs.

Never share needles or syringes for any purpose.

Seek help for any drug (prescriptive or other) problem.

Avoid excessive use of alcohol which affects judgment.

PREGNANCY

Recognize that any children carried by or breastfed by an HIV-infected mother are at increased risk for HIV.

BLOOD

Anyone ever testing HIV-positive should never donate blood, body organs, sperm, or other tissue.

Never share personal items that could be contaminated with blood; e.g., toothbrushes, razors, etc.

Follow safety procedures for dealing with blood spills.

Follow procedures exactly if involved in laboratory work.

Suggested Lessons for Grade 9

The Ninth Grade Student

Ninth grade students live in an ever-expanding social world. They are exposed to values that are new to them and to peer pressures directly related to drug abuse and sexual activities. Students at this level need support systems to help them examine their own value systems and to make wise and moral choices.

Fourteen-year-olds are persons who

- seek friendly relationships with members of the opposite sex;
- can relate the life and teaching of Jesus to their own experiences;
- are interested in scientific, rational thought;
- begin to see themselves as part of God's plan;
- seek meaning in life;
- need ongoing guidance from significant adults;
- perceive themselves as immortal.

Some suggestions for teaching ninth graders

- provide opportunities to develop well rounded relationships with peers of both sexes;
- use activities in which they can make judgments about different values;
- develop refusal skills that can be effective in dealing with peer pressure;
- encourage positive peer support systems;
- plan gradual broadening of the areas in which students make choices within the classroom setting;
- apply the life and teaching of Jesus to everyday teen experiences;
- allow for both logical considerations and emotional responses in class discussions;
- invite these youth to set high goals for their lives and to act in accord with them;
- provide opportunities for group and individual guidance with significant adults.

Lesson # 29

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C- 5 identify with Jesus' compassion toward the sick as they express compassion toward persons with AIDS and other serious illnesses;

C-13 recognize the personal challenge as a Christian in responding to AIDS.

Overview

After a "Scripture Search" for Jesus' response to personal disasters, students share meaningful passages, apply the ideas to relating to persons with AIDS, then survey the Catholic community's response to persons with AIDS in their arch/diocese.

Suggested Teacher

Religion or social studies teacher

Basic Information and Vocabulary

Besides the orientation material, the teacher should be familiar with the content of Lessons # 17, 20, 23, and 26. The teacher may wish to reflect also on Pope John Paul II's address at Mission Dolores and or "A Challenge and a Responsibility" by Cardinal Joseph Bernardin (both in Section 4).

Vocabulary: (* = in Glossary)
*hospice

Suggested Materials

New Testament (for students)
Copies of recent articles concerning persons with AIDS
or
Guest panel to describe persons with AIDS and the Church's response
Handout # 29, Suggested Survey Questions

Teaching/Learning Activities

A. *Introduction*

Begin by asking students to describe people's response to some recent personal disasters — on world news, in their own areas, where their relatives live, etc. After a few minutes, ask the students to begin a "Scripture Search" —individually and reflectively — of Matthew, Mark,

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Luke, or John's accounts, looking for incidents that reveal Jesus' response to situations of personal disaster — severe illness, alienation, death.

(Some examples: John 9:1-7; Mark 1:40-41; John 8:3-11)

After all have had time to find at least one example, ask student volunteers to share the passages they found. To keep these in mind, a key phrase for each account could be written on the blackboard. After a number of passages have been read, invite students to explain what they see in the life of Jesus.

(Answers should include these key ideas:
He reaches out to those in need — to the lowly, the alienated, the sick.
Always concerned for the person
Pays little attention to the cause of the illness or tragic situation)

If desired, the teacher could also invite students to recall what Jesus taught others about responding to the lowly, the alienated, the sick.
(One example: Whatever you do to the least. . . .)

B. *Application*
The teacher then helps the students to apply the example of Jesus' compassion to relating with persons with AIDS:

> In the light of Jesus' response to the people with whom he lived, how would he have responded if a person with AIDS had approached him? if he met someone who had been evicted because of AIDS? if he met a group running a person with AIDS out of town?

C. *Activity*
One option: Distribute copies of recent articles concerning persons afflicted with AIDS. If no current articles are available, the teacher could substitute this vignette:

> Kris is in his early twenties and successful in his career. He has come to realize that he definitely has a homosexual orientation. The reaction of his friends has left him feeling alone. At times he has been sexually active and has recently tested HIV-positive. When he told his employer, he was fired. When he told his friends, they left him. Shortly after hospitalization, his insurance was cancelled. Very few people come to visit him.

Students form into groups of three, read some of the articles, and determine together if the Gospel message was being lived in the way society, friends, and family were described as dealing with the issue.

Another option: The teacher invites a panel of community resource persons including, for example, a member of the clergy or lay minister, a person who has HIV/AIDS or a member of the family of a person afflicted with HIV/AIDS, and a Catholic educator or health representative to speak to the class on ideas such as these:

- What it is like to have HIV/AIDS
- What should be the Catholic Church's ministry to persons living or dying with AIDS

D. *Survey*
The students can then work together as a class or in groups to design a survey of any Catholic collaborative action in their arch/diocese that shows concern toward persons with HIV/AIDS.

Suggested questions for the survey are listed on Handout # 29.

Students then conduct interviews, surveying the local community on the above needs for compassionate and responsible concern for persons with AIDS. Interviews could be planned with local Church leaders, medical administrators, social services, and city authorities.

Students then compile results of the survey and outline
1. the strengths of the local Catholic community in responding to the needs of persons with HIV/AIDS and their families
2. the collaborative action still needed to address the objectives in the survey and any other needs.

A small team of students incorporates this outline into a position paper which is then shared appropriately with those in the Church community who can help make a difference.

Closure

Students spend a few minutes privately reflecting on what it is like to be a person afflicted with AIDS, with all the fear and the worry. In prayer, the student is encouraged to make a responsible decision about this current need within the Church community. The reflection time could close with the following prayer:

Jesus, you came to show us how to live, how to respond to others, how to minister to their needs — especially to the needs of the ill and those outcast by society.
Give us each the courage to accept the AIDS issue as a call to us for Christian compassion.
Give us your Spirit's gift of knowledge to dispel myths with clear, sound information and to affect the attitudes of others.
Give us your gift of wisdom to articulate the need of our community to minister to persons with HIV/AIDS.
Help each of us to be an ambassador of the Gospel through our personal understanding and compassion for those who suffer.
We ask all this, Jesus, in your name. Amen.

SUGGESTED SURVEY QUESTIONS ON THE CATHOLIC COMMUNITY'S RESPONSE TO PERSONS WITH AIDS

1. Are there acute and long-term health facilities to care for persons with AIDS in the community?

2. Do hospitals provide adequate educational opportunities for their personnel? Have they developed sufficient procedures to insure respectful and compassionate care of persons with AIDS?

3. Are there hospice (shelter or lodging) programs in the community to address the unique needs of persons dying from AIDS?

4. Does the local media develop programs to help reduce prejudice and discrimination towards persons with HIV/AIDS?

5. Do arch/diocesan agencies or local parishes sponsor ministries to assist the families and friends of persons living with AIDS and to support them in their bereavement after death?

6. Are leaders of the Black and Hispanic communities, as well as the community as a whole, attentive to the needs of Black and Hispanic persons with HIV/AIDS?
   (Cases among blacks and Hispanics tend to be disproportionately high. Factors include poor living conditions, low incomes, and limited access to health care.)

Based on the survey, an outline is developed, including

1. the strengths of the local Catholic community in responding to the needs of persons with HIV/AIDS and their families;
2. the collaborative action still needed to address the objectives in the survey and any other needs.

Lesson # 30

BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

- B- 5 describe the body's immune system and its destruction by the AIDS virus (HIV);
- T-11 explain basic safety precautions related to emergency procedures;
- T-12 identify four ways the AIDS virus (HIV) is transmitted and prevented.

Overview

In this lesson the teacher and students will review what may have been covered already in the students' previous study of HIV infection. It will supplement necessary facts, encourage a compassionate Christian attitude toward persons with HIV/AIDS, and recall precautions when handling an accident involving bleeding.

Suggested teacher

Science teacher

Background Information and Vocabulary

The teacher should be familiar with the content of Lessons # 18, 19, 22, 25, and 28 as well as the Universal Precautions described in Section 4, immediately preceding the Glossary.

Vocabulary: (* = in Glossary)

*virus	*genital
*fatal	*lymphocyte
*T-cell	*monocyte
*immune system	

Suggested Materials

Handout # 30a, HIV/AIDS Pre-Test
Handout # 30b, AIDS Facts
Transparency Master # 28b, Spreading HIV
Handout # 30c, HIV Transmission Worksheet
Handout # 28c, How to Avoid Getting HIV

Teaching/Learning Activities

The teacher begins the lesson by discussing briefly the situation described below by eliciting from students some helpful and compassionate ways to treat a person infected with HIV.

WHAT WOULD YOU DO IF...?

Your friend who is a freshman in high school has a positive result on the HIV antibody test and shares this information with you.

B. *Pre-Test*

The teacher administers Handout # 30a, a brief pre-test. Student responses are then corrected and discussed in class as a means of review.

HIV/AIDS PRE-TEST ANSWER KEY

1. False. No cure exists for AIDS.
2. True
3. True
4. False. It is "acquired," not inherited.
5. True
6. False. Although HIV infection tends to be disproportionate among blacks and Hispanics, it is not limited to any ethnic groups.
7. True
8. False. HIV infection is spread also by genital acts among infected heterosexuals, by drug abusers — and to a lesser degree through infected mothers and infected donors of unscreened blood (now very rare).
9. True
10. True
11. False. Scientists know that HIV infection causes AIDS.
12. True
13. True
14. True
15. False. Newborn babies can become infected with the AIDS virus from their mothers during pregnancy, birth, or through breastfeeding.

C. *Study*

Next the teacher distributes Handout 30b, AIDS Facts, saying:

> Although we have learned some basics about the immune system and the AIDS virus (HIV), this gives more details and a better understanding. Please study this material and complete the related comprehension questions.

AIDS Facts can be used as a class activity or as individual study by students. If the "Syndrome" section is not clear, the teacher may wish to use the football analogy suggested in Lesson # 25.

D. *Presentation*

Using Transparency Master # 28b, the teacher reviews the four known ways in which HIV infection is spread, adding some new information:

HIV infection is transmitted

1. through sexual contact with an HIV-infected person

HIV infection can be transmitted through sexual intercourse with an HIV-infected person. HIV can be carried in the semen of a man or in the vaginal fluid of a woman.

2. through sharing HIV-infected needles or syringes

The most common method of contamination by blood is by the sharing of needles for intravenous drug abuse (shooting up). It is also possible to pass on the virus with shared tattoo needles or shaving razors or even toothbrushes if bleeding is involved. Although no cases from open-mouthed kissing or deep kissing have been documented, some risk exists. The common element in all these is getting the blood of an infected person directly into the bloodstream of another person.

3. from an HIV-infected mother to an infant in the womb or during breastfeeding

A woman who is infected with the AIDS virus (HIV) may spread the virus to her baby during pregnancy or during birth. It is also possible that an infected mother could pass the virus during breastfeeding. The risk of HIV transmission from an infected mother to her infant is estimated at 30%-50%. HIV antibodies in the newborn do not necessarily indicate infection in the child.

4. through transfusion of HIV-infected blood or blood products

Blood contamination happens when the AIDS virus gets into the bloodstream. In the past in the United States, this sometimes happened during blood transfusions because of infected blood supplies. Since March, 1985, however, all blood donations to blood banks affiliated with the American Association of Blood Banks and the American Red Cross have been screened for HIV antibodies. The chance of HIV infection from blood supplies from those blood banks which collect blood from volunteer donors in the U. S. is now very small (e.g., about 50-70 cases of transfusions associated with AIDS may result out of 18 million transfusions in the next twelve months). Presently contaminated blood supplies are still possible in Third World countries.

An important note is that the voluntary donation of blood to a non-profit blood bank is 100 percent safe. In the United States, blood banks use brand new equipment for every donor. Donors cannot get anything but the satisfaction of helping others.

That is it. No matter what else you may have heard, those are the only ways in which HIV infection is known to be spread. AIDS can only start to develop after the virus reaches the bloodstream and gets into the helper T-cells. Even though the virus may be present in one person's body fluids, it has to get into another person's bloodstream in order to cause infection.

Yet caution is needed. It is possible that some persons may not even be aware they are carrying the AIDS virus (HIV). Infected individuals, even those without symptoms, may be able to pass on the virus to others. It makes sense to take necessary precautions.

So what can you do about it? You can protect yourself and your loved ones by avoiding risky behavior.

E. *Practice*
So that we can identify risky behaviors quickly, let us now use this worksheet to practice making judgments quickly.

Distribute Worksheet # 30c, HIV Transmission Worksheet, instructing students to put a check in the column "Risk" if *any* risk could be involved or in the column "No risk" if risk is *never* involved.

After all are finished (or the following class), correct Worksheet # 30c.

Answers: Risk —	No risk —	
1	2	12
6	3	13
8	4	14
9	5	17
11	7	18
15	10	19
16		20

If — while discussing Item #9 — all students are not aware of precautions for cleaning up blood (in case it carries the AIDS virus), instruct them to 1) wear rubber gloves; 2) use a 1-part household bleach to 10-part water solution for washing the area of the spill. You may wish to adapt the earlier presentation that is included in Lesson #22.

Closure

The teacher instructs the class to turn to the person next to them and together to list the ways to avoid infection with HIV.

After a few minutes, students — in pairs, groups of four, or as a class — check their lists by using Handout # 28c, How to Avoid Getting HIV. Students should be encouraged to take home their corrected pre-tests, worksheets, and lists to share with their parents and older brothers and sisters.

Handout # 30a

HIV/AIDS PRE-TEST

True	False	
______	______	1. AIDS can be cured if detected early.
______	______	2. There are certain activities recognized as "high risk" for the transmission of the AIDS virus (HIV).
______	______	3. There is no evidence that HIV can be transmitted by casual contact through air, food, water, or shaking hands.
______	______	4. Acquired Immune Deficiency Syndrome is an inherited disease.
______	______	5. In the U.S. at the present time, more males than females have contracted HIV infection.
______	______	6. HIV infection is limited to certain ethnic groups.
______	______	7. AIDS is a very costly medical condition to treat.
______	______	8. HIV infection is spread only through genital activity among infected homosexuals.
______	______	9. A person's immune system helps keep one from becoming ill.
______	______	10. HIV attacks the body's immune system.
______	______	11. Scientists still don't know what causes AIDS.
______	______	12. HIV infection is most often spread by contact during sexual intercourse.
______	______	13. Intravenous (IV) drug users can get HIV from infected blood by sharing needles.
______	______	14. Blood from blood banks is now carefully tested to prevent the transmission of HIV.
______	______	15. Newborn babies cannot get HIV even if their mothers have the virus.

AIDS FACTS

To the student:

Read the following paragraphs and answer the questions at the end.

The invader is small, even in the microscopic world of bacteria and amoebas. It is alive only in the strictest sense of the word. It has no intelligence, no means of mobility, no methods of defense in the outside world. It is fragile, easily killed by common household bleach and even short periods outside the body. Yet it may be the most dangerous enemy in human history. It is HIV, and it is a killer.

AIDS is a condition that is caused by infection with a virus called Human Immunodeficiency Virus (HIV). HIV damages the immune system and eventually cripples the body's ability to fight disease. People who are infected with HIV are diagnosed as having AIDS if their T-helper cell (T4, CD4) count falls below 200 and/or they develop certain serious diseases or conditions such as Kaposi's Sarcoma (a rare cancer), Pneumocystis Carinii Pneumonia, or HIV dementia. Therefore, AIDS is the end stage of HIV infection.

Each of the letters in AIDS stands for a word:

ACQUIRED

This means the disease is passed from one person to another. It is not hereditary in nature.

IMMUNE

The body's defense system, which normally protects us from disease.

DEFICIENCY

This means the defense system is not working.

SYNDROME

A group of symptoms which, when they occur together, mean a person has a particular disease or condition.

The body's immune system normally provides us the weapons we need to win constant battles with invading viruses, bacteria, fungi, and other invading organisms. This defense system is powerful but not perfect. Most attacks are detected by T4 cells or CD4 cells (also known as T-helper cells) and beaten off with ease by antibodies. We do not even know that anything is happening.

But, occasionally, a bug will get to us. A cold or flu virus will make it past the first wave of the body's defenses, the antibodies. These antibodies recognize certain proteins on the viruses, called antigens, and attack and kill them. If there are too many viruses, or if the antibodies don't recognize them, we get sick. Much of what makes us feel bad, such as fever, chills, headaches, and such, is not the virus, but the actions of our own body as it fights off the invading bug.

When antibodies fail to keep a bug out, the immune system brings out the heavy artillery. These are white blood cells — lymphocytes and monocytes — which seek out infected cells and eat them. If you think of the video game, Pac-Man, you will get the idea.

But the AIDS virus acts differently from other invaders. It attacks the T4 cells, the very cells that normally protect us. It gets inside these cells and takes over the controls. It turns our own white blood cells into mini-factories for making more viruses. Each time a cell is taken over, it fills up with thousands of new viruses, dies and releases those viruses, which attack more white blood cells. After enough attacks, our defense system is weakened and certain infections and conditions that we normally fight off with no problem take advantage of this weakness. These are called opportunistic infections.

Whatever condition develops because of AIDS, the outcome is always the same. The person dies. There are no cures for AIDS, so learning about the syndrome and how to avoid it are our only weapons.

1. What does AIDS stand for?

2. What causes AIDS?

3. How does a healthy immune system function?

4. How does the AIDS (HIV) virus affect the immune system?

5. What happens to the person who is infected with the AIDS virus (HIV)? Wnat are the diseases called that are associated with the HIV infection? Can you name any?

Handout # 30c

HIV TRANSMISSION WORKSHEET

For each item, mark "RISK" if *any* risk may be involved;
mark "NO RISK" if risk is *never* involved.

	RISK	NO RISK
1. Sharing a hypodermic needle		
2. Hugging your grandmother		
3. Sharing a Communion chalice		
4. Using a public toilet		
5. Mosquito bites		
6. Intimate sexual contact		
7. Sneezing or coughing		
8. Sharing a tooth brush		
9. Cleaning up after severe bleeding		
10. Combing another's hair		
11. Being the baby of a mother with the AIDS virus (HIV)		
12. Reading and learning about HIV		
13. Shaking hands		
14. Working together		
15. Exchanging blood with another person		
16. French or deep kissing		
17. Nearness to a sweaty body in the gym		
18. Sharing a fork or knife		
19. Using public swimming pool		
20. Using the same pen		

Lesson # 31

CHRISTIAN RESPONSE; BASIC INFORMATION

Lesson Objectives

The students will be able to
- C-14 form their personal Christian response to problems facing society in regard to AIDS;
- B-12 apply critical thinking skills to AIDS-related issues which affect families, church, and country.

In addition to time for individual study, two sessions are recommended — one for critique and comparative study, another for group problem solving.

Overview

In this lesson, the students will be challenged to think critically about important AIDS-related issues which affect them as individuals, as members of the Church, and as citizens of the nation. They will be guided to form their own Christian response to these issues.

Suggested Teacher

Religion, social studies, or English teacher

Basic Information and Vocabulary

The teacher should be familiar with the content in Lessons # 23, 26, and 29. A review of Section 2, Orientation for Teachers and Parents, will help the teacher to prepare to guide the discussion of Handout #31b, AIDS-Related Issues.

Vocabulary (* = in Glossary)
- crisis
- multi-faceted
- mandatory
- public issue
- *infectious
- human dignity/human rights

Suggested Materials

Current AIDS materials: newspaper clippings, magazine features, pamphlets, videos of TV and news specials.
Handout # 31a, AIDS: Education/Prevention Critique
Handout # 31b, AIDS-Related Issues

Teaching/Learning Activities

A. *Preparation*
The teacher will begin preparing for this class a week or so in advance, gathering some video tapes of TV documentaries, news specials, pamphlets, magazine and newspaper articles directed toward AIDS education or prevention. Students could be asked to help collect materials.

The teacher will assign the students to view or read some of the materials before this class on AIDS education is scheduled. The exhibit can be prepared a week or so in advance and students may study the materials in their available time.

FIRST SESSION
B. *Critique*
To help the students apply critical thinking skills to AIDS-related issues, the teacher will ask students to each choose two of the materials they have studied and to critique the efforts of the authors and/or producers in regard to the education and prevention of HIV/AIDS. Students should be provided with two copies of Handout # 31a, AIDS: Education/Prevention Critique.

C. *Comparative Study*
When the above work has been completed individually by the students, they should form small interest groups based on the materials they selected to critique. In groups, they will discuss and share their insights regarding these materials. During group reports, the teacher should focus on accurate, just treatment as well as the presence or absence of Christian principles.

SECOND SESSION
D. *Group Problem Solving*
To help the students form their personal Christian response to AIDS-related problems facing society, the teacher divides the class into groups of 4-6 students and assigns an AIDS-related issue to each group.

To facilitate this process, the issues and the directions for the task are printed on Handout # 31b, AIDS-Related Issues. The teacher may wish to duplicate a copy for each group and/or student.

Closure

As a conclusion to the above analyses, students will be asked to write individual letters to their congress- persons, pastors, or other persons who deal with these AIDS-related issues. The letter should present their position on the AIDS-related issue and propose the BEST solution determined by the respective group.

The Call

The class may prepare a bulletin board; including a brief prayer from their class reflection, some of the prevention lists they have developed for their families, and responses received to their letters.

AIDS: Education/Prevention Critique

DIRECTIONS:
Select two educational or prevention presentations on AIDS from the areas of TV documentaries, news specials, pamphlets, video tapes, newspaper or magazine articles. Use the following questions to critically analyze each presentation, adapting them as needed to fit the specific materials studied.

Title?

Source?

Purpose?

Target audience?

What was treated?

Were the facts accurate?

How Christian were the principles?

Do you have any suggestions to improve the information or the manner of presenting the information?

Name ______________________________

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AIDS-Related Issues

"Infection Issue"

Problems: guilt, embarrassment, loss of privacy, fear of legal consequences, lessening of human dignity, absence of Christian response from others, breaking of confidentiality, loss of housing or work place, discrimination, etc.

"Cost Issue"

Problems: astronomical cost of health care, cost of hospice/hospital programs, implications for insurance, unrestricted rights of persons with HIV/AIDS to receive normal and ordinary care, loss of job and salary, cost of life-prolonging drugs, increased numbers of poor, uninsured persons with AIDS, cost of needed research, etc.

"Ministry Issue"

Problems: Need to dispel myths, bias, and discrimination; need to raise consciousness in the Church; confusion about the Church's position on homosexuality; need for education of clergy and laity; dealing with death and dying; alienation of persons with HIV/AIDS; etc.

"Testing Issue"

Problems: Ethical questions about mandatory testing for certain groups of people or for all Americans; morality about legislation of testing; violations of human dignity and rights of all; abuse of confidentiality, etc.

Each group should complete these steps with their issue:

1. spend some time analyzing the problems listed for each issue and mention any other problems that seem related;

2. brainstorm as many solutions for each stated problem and a morally right solution;

3. propose a plan for implementing that solution within a truly Christian framework;

4. present the problem and the proposed solution to the class in large group discussion.

Suggested Lessons for Grade 10

The Tenth Grade Student

Tenth grade students often feel moody, tend to be self-conscious, can be easily bored, and are apt to experiment in their behavior. These fifteen-year-olds need to see themselves as important and valuable to adults. Students at this age respond to opportunities to participate in problem solving and are capable of conscious, consistent moral behavior.

Fifteen-year-olds are persons who

- exhibit a lack of order in their lives;
- have new insights into personal relationships;
- can be listless, inactive, and easily bored;
- seek relief from boredom by testing out new kinds of behavior such as drinking, vandalism, etc.;
- are capable of deep affection;
- are at times quiet, introspective, pensive, uptight, self-conscious;
- have insights into personal faith and prayer;
- do learn, but sometimes in a reluctant manner;
- may experience substantial peer pressure related to sexual experimentation;
- believe in their own immortality and consequently may tend to be reckless in behavior.

Some suggestions for teaching tenth graders

- help them feel that they are important to the teacher;
- make moral responsibility an integral part of learning;
- stress the value of the individual together with insights into interpersonal relationships;
- stress personal faith and prayer;
- include practical problem solving;
- allow time to test out the values presented;
- provide assistance in recognizing the wonder of being persons.

Lesson # 32

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-15 discuss the human realities and suffering of a person with HIV/AIDS;

C-16 articulate moral responsibility for actions based on Gospel values and Church teaching.

Overview

Beginning with a letter to Ann Landers, the students discuss the moral responsibility and the human dimensions associated with HIV/AIDS with special emphasis on the actions of Christ and the teaching of the Church.

Suggested Teacher

Religion teacher

Basic Information and Vocabulary

By now, the students should know that persons who engage in sexual acts with persons likely to be infected with HIV add grave physical danger to any existing moral danger. The teacher should review the content of Lessons # 28 and 29.

Vocabulary:

*monogamous

*sexually transmitted diseases

Suggested Materials

Handout # 32, Guide Questions (one per group of 4 to 6 students)

Teaching/Learning Activities

A. *Introduction*

To get the students into the lesson, ask them (in pairs) to exchange recollections about any surprise party they have experienced OR read one or two letters from Ann Landers' column — letters with which sophomores can identify, inviting them to respond to the teen inquirers.

B. *Case Study*

Then continue with the following:

> Ann Landers, in her column, printed a letter with this basic message. After I finish reading it, please move into your small groups and discuss the questions on the guide sheet.
>
> "When I turned sixteen, I knew the crowd had something in store for me to mark my 'maturity.' To my surprise

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— and shock — I found they had engaged a young woman for the night, obviously a 'professional' in her business. Before I could convince them that I really wanted no part of her, they had literally carried us off to a nearby motel room — also already arranged.

"I couldn't believe my friends had gone this far; I thought it would turn out to be a joke. At first I went into the room convinced I would just put in time in that room and not be pushed into anything with a prostitute. After several of her comments about my being afraid and incapable, however, I decided I had to mark my 'maturity' or forever be the butt of jokes.

"She quickly moved through the act, then left for the bathroom. When she didn't come out, I knocked on the door — afraid what might have happened. I found the bathroom empty, the window open, and scrawled with lipstick on the mirror the words, 'Welcome to the world of AIDS.'"

— Based on letter in Ann Landers' column

C. *Discussion*
Students discuss the Guide Questions on Handout # 32. After the discussion, several approaches are possible: e.g.,

1. each group leader could report to the class, followed by general discussion on each item;
2. one person in each group could write the group's response to each item, submitting them for general class discussion;
3. each individual could write individual responses, submitting them as a basis for the next day's general class followup.

The following section suggests possible student answers and or ideas for teacher comment:

a) What is your overall reaction to this account?
It is hoped that some students will express anger at the "friends" for their warped sense of humor, disappointment that the fellow went along with a situation he really didn't like, disgust at the thought that someone would make a living selling sex — with the added responsibility for possibly spreading an infection that leads to death.

b) Assuming for the sake of discussion that the story is true, who is responsible for the young man's sexual encounter with the prostitute and for his possible infection with HIV?
His friends are responsible for setting up the situation. But the youth is still responsible for his own actions — or in this case for not leaving a situation he knew was wrong.

c) Consider this possible next episode in this young person's life: The youth's parents heard about the "birthday event" and told their son to clear out of the family home, forbidding him to return — especially if he should become incapacitated as a result of AIDS. What would you suggest they consider — based on

(1) the words of Christ:
Christ frequently called his followers to forgiveness; e.g., "Forgive as you want your heavenly Father to forgive you." "Forgive how often? Seven times? No, rather seventy times seven times." "Father, forgive them; they know not what they do." The story of the Prodigal Son.

(2) the actions of Christ:
Jesus often associated with persons who had sinned, but repented; e.g., the woman he saved from being stoned after she was caught in adultery; Zaccheus, the tax collector, who had defrauded many, but promised to repay each one generously. He also associated with persons with whom others would not associate; e.g., the Samaritan woman. Moreover, he often focused on healing the diseased; e.g., the man with the withered hand, the lepers, the crippled man by the Pond of Siloe. Never did he write someone off because the person "deserved it."

(3) the teaching of the Church.
The Church teaches the need for supporting each other in community; e.g., "When one member suffers, all members suffer with him or her." (1 Cor. 12:26) Christians are called to suffer with each other — not cut each other off when in need.

The Church proclaims a message of hope and healing. For centuries its members and institutions have ministered to the ill, focusing both on physical and spiritual needs.

Closure
The teacher could close in this manner:

> In the letter to Ann Landers, a young man was led into a life of regret and suffering. In a situation like this, Christ's example of unconditional love and the tradition of the Church can bring peace.
>
> First is the peace that can result from faithfulness to Christ's way of life. The youth could have lived his principles — and moved into his later teens in peace. The Church's call to a faithful monogamous relationship in marriage seems to be proving very up-to-date, the only sure way of avoiding AIDS and other sexually transmitted diseases.
>
> Second is the peace that flows from forgiving others who disappoint or hurt us. Christ models for us and calls us to forgive, to judge not, to support and minister to others in need.
>
> Each of us has at some time been less than faithful to Christ's call and at some time withheld forgiveness from others. Let us now pause for a moment to ask our God's forgiveness for our lack of faithfulness and for our hesitancy to forgive others. (pause)
>
> And let us close with the prayer that speaks especially of forgiveness: Our Father. . . ."

GUIDE QUESTIONS

a) What is your overall reaction to this account?

b) Assuming for the sake of discussion that the story is true, who is responsible for the young man's sexual encounter with the prostitute and for his possible infection with HIV?

c) Consider this possible next episode in this young person's life:
The youth's parents heard about the "birthday event" and told their son to clear out of the family home, forbidding him to return — especially if he should become incapacitated as a result of AIDS.

What would you suggest they consider — based on

(1) the words of Christ;

(2) the actions of Christ;

(3) the teaching of the Church.

Lesson # 33

BASIC INFORMATION

Lesson Objectives

The students will be able to

- B- 3 replace myths about AIDS with facts;
- B- 8 define and explain Human Immunodeficiency Virus (HIV);
- B-10 explain the potential stages of HIV infection;
- B-13 explain that a person can feel and appear healthy and be infected with HIV;
- B-14 distinguish that treatments, not cures, are currently available to persons with HIV/AIDS.

Overview

After reviewing the common myths about AIDS, the students will focus on people infected with HIV in the asymptomatic stage and their moral obligations.

They will also have the opportunity to compare a virus with a tape cassette.

Basic Information and Vocabulary

Prior to this lesson, the teacher should review Lessons # 24, 25, 27, and 30.

Vocabulary: (* = in Glossary)

*myth	*asymptomatic
*dementia	*symptomatic
*Kaposi's Sarcoma (KS)	*infectious
*Pneumocystis Carinii Pneumonia (PCP)	

Suggested Teacher

Religion or health teacher

Suggested Materials

Handout # 33, Signs and Symptoms of HIV Disease

"Human Viruses: Tape Cassette Analogy" by Lawrence A. Hunt, Ph.D. (in Section 4)

Teaching/Learning Activities

A. *Introduction*

The teacher could begin as follows:

As you may know, throughout history myths have developed about conditions which people could not explain. At one time, for example, some people thought that persons became mentally ill because they had slept in the rays of the full moon (hence the term "lunacy" from *luna*, Latin for moon). Now we know this is a myth.

Because AIDS is not fully understood, many myths exist about that condition. What are some myths about how somebody can catch HIV/AIDS, some myths that have been proven untrue?

(Review should include a variety of erroneous "causes" as these: toilet seats, sneezes, shaking hands, sharing a glass or Communion chalice, using a telephone, being near or dancing with an infected person, etc.)

B. *Presentation*

Today we will deal with one more myth about AIDS: the belief that as soon as a person contracts the AIDS virus (HIV), that person becomes ill.

Many everyday infections become evident quickly; for example, when we encounter the flu virus and our bodies cannot fight it off, we soon — within a few days — find ourselves sick with the flu. This pattern is true for most infections.

In the early 1900's we experienced one communicable disease that acted differently. Although many became seriously ill as a result of the disease, it was possible for someone to react positively to a test and be infected with the disease without having active symptoms. Does anyone know the name of this disease?

(Tuberculosis or TB)

Do any of you know about skin tests for TB? When persons test positive on the skin test, they must get a lung X-ray to determine whether they actually have the disease or if they have already recovered and are no longer infectious.

The AIDS virus, when compared with standard infections, also differs in its response. After infection with the AIDS virus (HIV), some people remain apparently well. The Centers for Disease Control estimate that the incubation period between HIV infection and symptoms can be five years or more. Present research indicates that about half of the people infected with HIV have no symptoms.

One major difference exists between the person who tests positive for TB without active symptoms and the person who has HIV without symptoms: the person without active TB symptoms cannot infect another person, but the person with HIV who has no symptoms can spread that virus. Sometimes this stage of AIDS is called "asymptomatic" which means "without symptoms."

C. *Review*

Briefly, what symptoms are associated with HIV disease?

Let's review the common AIDS-related symptoms. (Loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, fatigue, lack of resistance to infection, swollen lymph nodes)

Handout # 33 could be used at this point to assist with the review or later to summarize this part of the lesson.

What is the difference between the symptomatic stage of the HIV disease and full-blown AIDS? Actually, some of the symptoms can be the same. As the infection progresses toward full-blown AIDS, the virus increasingly weakens the immune system. The person is then open to a variety of opportunistic diseases like Kaposi's Sarcoma (form of cancer), Pneumocystis Carinii Pneumonia, HIV dementia, etc. These resulting diseases are life threatening to the person infected with HIV.

D. *Discussion*

If you did not have any flu symptoms, you might consider yourself lucky. HIV, however, is very dangerous when an infected person has no symptoms. Why is that true?

(Because infected individuals — not knowing they are infected — can spread the virus to others. Another reason is that an HIV infected person could unknowingly activate the condition by receiving live virus vaccines.)

E. *Presentation*

What should persons do who think they may have been HIV infected?

First, they should contact a qualified health professional for HIV testing.

If positive, infected persons are morally obliged to avoid spreading HIV to others. (Moral obligation is deeper than the obligation to follow a civil law; it rests on a basic human sense of what is profoundly right and wrong.)

The three actions that HIV-infected persons must avoid are these:

1. intimate sexual activity;
2. passing on their intravenous needles or syringes from drug or other use;
3. donating blood, organs, tissues, or sperm which may contain HIV.

Even if the testing is negative, the persons should be aware that the AIDS virus (HIV) has a delayed effect and ordinarily does not test positive for six to twelve weeks or even longer. This delay or "window" for testing can extend up to six months. For that reason, negative testers should take the same precautions as those who test positively until future testing can be done to confirm the negative results.

If a person is undergoing AIDS treatments, what are the chances of a cure?

Currently no cure has been found for AIDS. Treatments (for example, AZT or DDI) merely add to the comfort and to the lifespan of those with AIDS. The person is morally obliged to avoid any actions that could spread the deadly virus to others.

F. *Comparison*

To help students better understand viruses, especially HIV, distribute and discuss "Human Viruses: Tape Cassette Analogy" by Lawrence A. Hunt, Ph.D. (in Section 4).

Closure

Let us conclude this lesson by summarizing the signs and symptoms of HIV disease..

If students have not yet received Handout # 33, distribute it at this time and use it in the final clarification and summary process.

Lesson # 34

CHRISTIAN RESPONSE; BASIC INFORMATION; TRANSMISSION AND PREVENTION

Lesson Objectives

The students will be able to

C-12 understand and appreciate that sexual activity and sexual intercourse have meaning and purpose only within a marriage commitment;

B- 6 define homosexuality and related Church teaching;

T-15 explain the morality and unadvertised risk of HIV infection involved in using condoms;

T-18 explain the morality and risk of HIV infection involved with oral-genital or anal sexual activity.

Overview

After a review of AIDS-related risks, the teacher will explain the meaning, morality, and risk of HIV infection involved in oral-genital and anal sexual activity. A clear distinction will be drawn between a homosexual orientation and homosexual genital activity. The teacher will also review the morality and the unadvertised risk of HIV infection involved in using condoms.

Suggested Teacher

Religion or health teacher

Signs and Symptoms of HIV Disease

Three stages:
(All test positive)

1) ASYMPTOMATIC STAGE

No physically apparent symptoms

HAZARDS: unknowing infection of others
activation of condition through vaccines

2) SYMPTOMATIC STAGE

Some symptoms, less severe than with classic AIDS

e.g., loss of appetite
weight loss
skin rashes
diarrhea
swollen lymph nodes
fever
night sweats
tiredness
lack of resistance to infection

HAZARD: These symptoms may indicate other serious diseases.

3) AIDS
(Acquired Immune Deficiency Syndrome)

Body's immune (defense) system is impaired (T4 cell count falls below 200)

Otherwise controllable infections invade the body and cause additional diseases and may eventually cause death

Symptoms — Same as Symptomatic Stage (above)

plus symptoms of the "opportunistic infections"
e.g., Pneumocystis carinii pneumonia
a persistent cough and fever with shortness of breath or difficult breathing

or symptoms of AIDS-related cancers
e.g., Kaposi's sarcoma, a form of cancer
with multiple purplish blotches and bumps on skin

or dementia (brain damage)

NOTE:
As is the case with all infectious diseases, the reactions of individuals to the AIDS virus may differ.

Basic Information and Vocabulary

The students would be expected to have the basic background from standard classes in biology and human sexuality. The teacher should be familiar with the content of Lessons # 21 and 28.

Vocabulary: (* = in Glossary)
*anal sex *oral-genital sexual activity

Suggested Materials

Transparency Master # 28b, Spreading HIV, for review
Copies of "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume of England (in Section 4)

Teaching/Learning Activities

A. *Reflective Reading*

Begin class with time for a slow reflective reading (silently or orally with prepared, varied readers) of "AIDS: Time for a Moral Renaissance" (in Section 4). You may wish to use a background of instrumental music and have readers pause between paragraphs of the article. Allow time for student response to the article, e.g., citing ideas they believe should be heard in this country, lines they believe are especially convincing, etc.

B *Review*

Let us now move from this article to a short review, then to some new areas related to HIV infection. In an earlier lesson about the transmission and prevention of HIV infection, we learned about high-risk behaviors and how to avoid getting HIV infection.. We will use this transparency to review some of those points.

(Use Transparency Master # 28b)

All of these behaviors that can transmit the AIDS virus, you may recall, involve an exchange of body fluids with another person. These fluids include blood, semen, or vaginal secretions. Even the slightest cut or lesion in the skin or mucous membrane lining can allow one of these fluids — and HIV — into the blood stream.

C. *Presentation*

Today we will consider further the AIDS-related risk involved in any exchange of body fluids with another person. Specifically we will look at two ways in which that exchange can occur, ways that some people may not know can spread the infection of HIV.

In the book of Genesis, after the creation of the first couple, we read, "This is why a man leaves his father and mother and clings to his wife, and the two of them become one body."(Gen. 2:24) With these words, the sacred writer stresses the fact that conjugal union between husband and wife is willed by God. Conjugal union is properly understood as the insertion of the man's penis into the woman's vagina.

There are some in our society who would advocate that any manner of sexual expression between consenting adults should be allowed. That is not the Church's understanding of authentic sexual union. We will consider two forms of sexual activity — oral-genital and anal — in terms of morality and in terms of HIV infection.

Implications of Oral-Genital Sexual Activity

While touches and kisses are part of the preparation for intimate sexual activity and may include various parts of the body of the man and the woman, couples are called to full conjugal union. Oral-genital contact ("oral" means mouth) will not place at risk of HIV infection those couples who are and have been faithful to each other and have not abused intravenous drugs. If, however, one of the partners should be infected with HIV, the other could absorb the virus into the bloodstream; e.g., through infected semen or vaginal fluids entering slight cuts or lesions in the mouth or gums.

Implications of Anal Sexual Activity

Anal sexual activity involves the inserting of the penis into the anus (excretory opening) of a partner, male or female. This action is morally at odds with the Church's understanding of authentic conjugal union which is open to the transmission of life. It is not a substitute for the mutual self-giving and human procreation afforded in vaginal intercourse.

During anal intercourse — which is physically abusive and can severely damage the tissue — the virus can pass into the partner's body through even small, invisible lesions or tears in anal tissue or on the penis. Even apart from the danger of HIV infection, anal sex can lead easily to other infections.

Implications Related to Homosexuality

Homosexuality is a sexual orientation toward a person of the same sex. During adolescence, some young persons — in developing as sexual persons — may experience a temporary attraction to persons of the same sex. Ordinarily this is only a temporary experience.

A person with a homosexual orientation is called to live a full Christian life. The person has the same rights and dignity as anyone else. The Sacred Congregation ("On Pastoral Care of Homosexual Persons," 1986) demands respect for the persons involved:

> It is deplorable that homosexual persons have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church's pastors wherever it occurs. It reveals a kind of disregard for others which endangers the most fundamental principles of a healthy society. The intrinsic dignity of each person must always be respected in word, in action and in law. (#10)

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A clear distinction should be made between homosexual orientation and homosexual genital acts. The Church, reflecting Scripture and its moral tradition, clearly states that the moral norm for conjugal union is between husband and wife — a union that is self-giving and life-giving. According to that norm, homosexual acts — gay or lesbian — lack an essential finality and therefore are morally unacceptable. In terms of HIV, the sexual activity discussed in this lesson involves high risks for homosexuals as well as heterosexuals if one person is infected.

Implications of Condom Use

Some advertisements would have us believe that a condom solves all problems of infection and frees persons for any sexual activity without fear of infection. Originally proponents said that a latex male condom makes sex "safe" if it covers the penis from the beginning to the end of the sexual activity. Now they say it makes it "safer."

From the viewpoint of morality, the Catholic tradition has always prohibited condom use because it frustrates the natural finality of the sexual act. The Church's objection to condom use is not based on their limited effectiveness. It is based rather on principle.

The only genuine protection against the sexual transmission of HIV is chastity, not condom use. This position is supported by research which indicates problems associated with both the male and female condoms even if used properly. Such research has shown that the latex rubber of a male condom is liable to tear and allow the exchange of infected body fluids, while other studies have shown that slippage of the female condom during intercourse has resulted in exposure of infected body fluids.

Other data indicate the following:

- Unwanted pregnancies show a male condom failure rate of 5 to 10% — even though limited to a fertile period.
- The AIDS virus (HIV) is smaller than a sperm cell; therefore the virus may be able to penetrate some kinds of condoms.
- Federal inspections of certain models of male condoms have failed more than 20% and, in some lots, up to half of the samples.
- Pregnancy rates for those using a female condom are slightly higher than those using a diaphragm, cervical cap, or contraceptive sponge.
- Female condoms slip, are pushed down, and are prematurely removed, resulting in a failure rate of 15 to 20%.

Basically, research is showing that, while condoms (male and female) may provide some barrier to HIV infection, they are often unreliable.

The Church has always held that the maximum physical expression of married love is sexual intercourse which expresses the couple's marital love and is open to procreation, using no barriers to conception (such as condoms). Outside of marriage, the recommendation of condoms would implicitly condone sex between unmarried heterosexuals as well as between homosexuals. The Church fosters the belief that persons are capable of living the Christian vision of human love and responsibility within marriage as well as the radical ideal of self-discipline which is needed in every state of life.

Let us look specifically at self-discipline for the single person. Very simply, sexual abstinence prior to marriage is morally good for many reasons:

- it gives time to build a trusting relationship;
- it avoids the risk of pregnancy;
- it provides a permanent, stable relationship for children;
- it avoids the possible use of sex to exploit and manipulate.

In the presence of HIV infection, sexual abstinence is also good in terms of for your health. Along with avoidance of drug abuse, it is the best way to avoid getting AIDS.

Closure

We have dealt with some very detailed, very personal matters in this class. Some years ago, these matters would not have been necessary at this stage of your development. The fact, however, that some people are promoting these forms of sex as "safe" or "safer" prompts us to include them — along with the hazards that accompany them. This lesson has focused on informing you about, not recommending, condoms and other AIDS-related realities. The only recommendation given is to sexual abstinence, to chastity until a faithful, committed marriage.

The more we learn about the human person through medicine and psychology, the more we see that God's law reflects what is best for all creation. The invitation in Paradise to "become one body" called the first humans to a faithful relationship. Today's invitation within the Sacrament of Matrimony also calls persons to that faithful relationship. We are learning — slowly but surely — that God's promise to faithful couples applies not only in terms of happiness, but also in terms of health.

The Call

As an exercise in civic and Christian responsibility, the students may identify media messages that are less than accurate and write to stations and sponsors with the request that such messages be more accurate and in tune with important human values.

Suggested Lessons for Grade 11

The Eleventh Grade Student

Eleventh grade students enter the stage of late adolescence and have two basic needs related to their behavior:

1. they must construct a philosophy for their own behavior;
2. they must organize their own patterns to effect internal control.

Sixteen-year-olds respond to projects that provide concrete experiences of "living the Gospel." They approach topics through actual experiences using newspapers, movies, literature, and contemporary music.

Sixteen-year-olds are persons who

- have a greater sense of self-acceptance and confidence due to physical maturation;
- display more appropriate emotional reactions;
- have greater opportunities for real communication and for discussion of issues of greater importance;
- discover great ideas of an intellectual nature — being honestly, though naively, enthralled by beauty, truth, justice, peace, and love;
- may condemn adults as hypocrites who have "copped out" on the real issues and values in life;
- have begun to develop an honest desire to get in touch with their own spiritual life;
- start to think about permanent relationships;
- believe in their own immortality and consequently may tend to be reckless in behavior;
- are pressured by their peers and the media to express their emotions sexually.

Some suggestions for teaching eleventh graders

- allow them to react freely to the material presented;
- pose questions they are asking in terms of contemporary media and experience;
- engage them in projects that give examples of living the Gospel;
- reveal honestly and openly authoritative Church teaching;
- approach topics through life experiences — using newspapers, movies, literature, and social issues.

Lesson # 35

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-15 discuss the human realities and suffering of a person with AIDS;

C-17 develop a sense of moral responsibility for their own actions;

C-18 explain the message of the Catholic bishops of the nation and/or their local bishops concerning HIV/AIDS.

Overview

After considering the human suffering of the unemployed in general, the students learn the story of Stephen or another person with HIV/AIDS, then outline the human issues and Christian responses that are noted in one or more pastoral letters on AIDS.

Suggested Teacher

Religion or social studies teacher

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 23, 26, 29, and 32.

If Cardinal Bernardin's Pastoral Statement with the story of Stephen has been used recently, a story of any other person with AIDS — perhaps a local person — could be substituted.

Vocabulary: (* = in Glossary)

pastoral letter *compassion

Suggested Materials

Multiple copies of at least three of the following:

"A Challenge and a Responsibility," a Pastoral Statement on the Church's Response to the AIDS Crisis, Cardinal Joseph Bernardin (in Section 4);

Statement, if available, by local bishops;

"Called to Compassion and Responsibility," by the National Conference of Catholic Bishops;

Address at Mission Dolores by Pope John Paul II (in Section 4).

Teaching/Learning Activities

A. *Introduction*
To prepare the students for the lesson, ask them to estimate the unemployment rate that is common in many states. If possible, get the percent of current state or local unemployment. (About 4% to 6% may be common for most states, but some states range from about 2% to over 10%.) Then help the students translate the number into persons; e.g.,

> The figure 5% unemployment means that 5 of every 100 persons of working age no longer receive a paycheck, often are without medical and hospital benefits, and frequently experience lower self-esteem.

B. *Story*
Then continue with the following:

> The difficulties of unemployment are evident. The situation becomes even more complicated when the unemployment is a consequence of AIDS. This is a story retold by Cardinal Bernardin.

(Either the teacher or a prepared student reads aloud Paragraphs #1-7 from "A Challenge and a Responsibility.")

C. *Discussion*
Following the story, the teacher continues in this manner:

> Stephen's story — which is not unique — touches upon many human issues. Let's list a few of them:

(on blackboard —)
Human Issues
(Some possible suggestions by students —)
Difficulty understanding his increasing inabilities
Disappointment with job loss
Diminishment of savings
Loss of medical insurance
Abandonment by family

> AIDS is a human condition, touching on many human issues. It can also involve moral issues, but today we will focus on the human suffering — and the Christian response to persons with HIV/AIDS. Because this response can be presented in different ways, we will be working in pairs (or small teams) with different resources.
>
> Some of us will be studying Cardinal Bernardin's statement further, some will be reading other pastoral letters. Others will be using . . . .(local, NCCB, etc.) One group will focus on "Christian Response" while studying Pope John Paul's Address at Mission Dolores. All others, however, will be looking for these two elements:

Elements in Articles Studied
1. Human Issues
2. Christian Response

> Please make a chart like this (perhaps on a transparency or newsprint). As you study your team's particular article,
> 1. list each human issue you find mentioned (as we did with Stephen's story) and
> 2. list each Christian response that is suggested.

After sufficient work time (this may require two class periods if they are short), use some means of sharing and pooling the findings from the various articles. Two approaches follow:

One approach: Rotating among the groups, each one would state one Human Issue which has not yet been named, repeating the rotation till all Issues are shared. Meanwhile the teacher, at an overhead projector, or students with newsprint or blackboard can jot all Human Issues; the same process would be followed with Christian Responses.

Another approach: Each group could show its compiled list by posting its newsprint and reading the items or by putting the group's transparency on the overhead.

Examples of Human Issues are listed above. Some examples of Christian Response follow:

Christian Response
Showing the person is loved
Avoiding judging the person
Celebrating the Sacraments with them
Providing care
Visiting
Helping with household work, transportation
Helping to avoid irrational fear, discrimination, and prejudice
Talking with families and friends of persons with HIV/AIDS
Honoring confidentiality when requested

Closure

> You can see that each of the documents we have studied is consistent in the call to empathize with the human concerns of those suffering from AIDS; and each is consistent in inviting a Christian response to these persons. Some of the statements you have include some specific Scriptural references to show how this response is truly in accord with Jesus Christ's teaching and action.
>
> As we conclude, we will first reflect quietly on the many ideas we have treated already. I will provide some background music for that reflection. When I lower the volume of the music, I ask that you read aloud at least one Scriptural passage that is quoted in the document you have before you. When our time is almost up, I will summarize the spirit of the quotations in a closing prayer.

(Some quotations that may be read —)

"If one member suffers, all suffer together."

"Let the one among you who is guiltless be the first to throw the stone. . . ."

"Is any among you sick? Let him call for the elders of the church, and let them pray over him. . . ."

Example of Summary Prayer

Lord Jesus, you faced much human suffering when you lived as we do — unkind judgment of others, illness, death. You also found many persons who were willing to care for those in need — even at personal expense. Continue to invite us to respond in your spirit to the human needs around us. And give us the wisdom to understand your call and the strength to respond. Amen.

Lesson # 36

BASIC INFORMATION

Lesson Objectives

The students will be able to

B- 7 learn about testing for HIV infection;

B-14 distinguish that treatments, not cures, are currently available to persons with HIV/AIDS;

B-15 state the importance of supporting HIV/AIDS-related research.

Overview

After seeing the increasing rate of HIV/AIDS cases and reviewing recent progress related to HIV and AIDS, the students will consider additional needs in combating the spread of this disorder.

Suggested Teacher

Religion, social studies, science, or health teacher

Basic Information and Vocabulary

The students should have a basic knowledge of some actions taken to counteract the spread of HIV.

Vocabulary: (* = in Glossary)

*opportunistic infections

*homosexual

*infections

*heterosexual

*ELISA

Suggested Materials

Transparency Master # 36, Graph of Reported Cases of AIDS and Fatality Rates by Half-Year

This suggested lesson should be updated with the most current data available from the state department of health or from one of the toll-free telephone hotlines:

U. S. Public Health Service AIDS Hotline — 800-342-AIDS; in Spanish 1-800-344-SIDA

American Social Health Association Sexually Transmitted Diseases Hotline — 800-227-8922.

Information about AIDS or any disease can be checked with the Centers for Disease Control (CDC) — 404-639-3534 or 404-329-3311.

Teaching/Learning Activities

A. *Introduction*

(If charts can be made in advance to indicate the following trends, one chart could be displayed and posted after each question.)

If you were to estimate a graph of tuberculosis cases in the United States, would that graph go up, down, or stay about even?

(Generally down; some locales may have recent increase. Could be checked with local health department.)

If you were to estimate a graph of automobile fatalities in the United States, would that graph go up, down, or stay about even?

(down)

If you were to estimate a graph of AIDS cases in the United States, would that graph go up, down, or stay about even?

(up)

B. *Discussion of Progress*

After the introduction above, the teacher would continue in this fashion —

In 1981 only 291 cases of AIDS were reported.

Each year, the number has increased till it has reached epidemic proportions. (Use Transparency Master # 36 or other graph)

The increase is projected to continue at an even greater rate unless some changes occur.

Obviously, with this fast growth of cases, health workers have given much attention to HIV/AIDS. Can you name

some progress which has been made?
In public awareness?
In testing?
In treatment?
In teaching materials?
In any other area?

(The following ideas may be suggested.)

Public awareness —
reports from the Surgeon General's office
many brochures from state departments of health
documentaries and public service announcements

Testing —
ELISA (enzyme-linked immunosorbent assay) indicates the presence of antibodies to the virus that causes AIDS; this test allows screening blood and plasma to prevent infection by transfusions.
Other testing, the Western Blot Test, confirms whether a person has been infected (and can transmit it to others)

Treatment —
Treatments temporarily relieve symptoms of the "opportunistic infections" only.
Drugs, such as AZT or DDI, seem to inhibit the growth of the virus and lengthens the lives of persons with AIDS.

Teaching materials —
Many materials — for teachers, students, parents — are now available whereas HIV/AIDS was totally unknown a decade ago.

C. *Naming of Needs*
Even with these newly developed materials, much more is needed to slow the growth of this epidemic. What is still needed to deal with this syndrome?

(Answers could include the following —)

Medical —
- Research to better understand HIV/AIDS
- A vaccine to protect people from the infection
- Some actual cure for HIV
- Some treatment to reverse the progress of the disorder in those already suffering from it

Moral —
- The refusal to participate in casual sexual activities and to abuse intravenous drugs

D. *Clarification*
What would you say to someone who says we should not bother researching a disease that bothers only homosexuals?

(Suggested response —)
Granted that HIV/AIDS has been most common in the U. S. and Europe among homosexual men and abusers of intravenous drugs. Contrary to some people's opinions, however, HIV is now a threat to both men and women, both homosexual and heterosexual. Not only is this a problem within the United States, it is now a global problem with cases reported in North America, South America, Europe, Africa, Oceania, and Asia.

Closure

This lesson will not come to a conclusion as most lessons do. Why not? Because there is no end to the AIDS threat now. Let us instead agree how we will keep up to date on the spread of HIV and on the efforts made to research and develop what is needed to stop the epidemic.

(Determine who will check for and bring in newspaper clippings, alert the class to magazine articles, television specials, etc. related to HIV/AIDS research.)

Lesson # 37

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-12 identify four ways the AIDS virus (HIV) is transmitted and prevented;
T-19 develop their ability to communicate with others concerning the most common ways of transmitting and preventing HIV infection.

Overview

After a quick survey of students' opinions regarding people's freedom or hesitation to discuss human and sexual aspects of life, the students will develop appropriate and practical forms of communicating needed information about HIV.

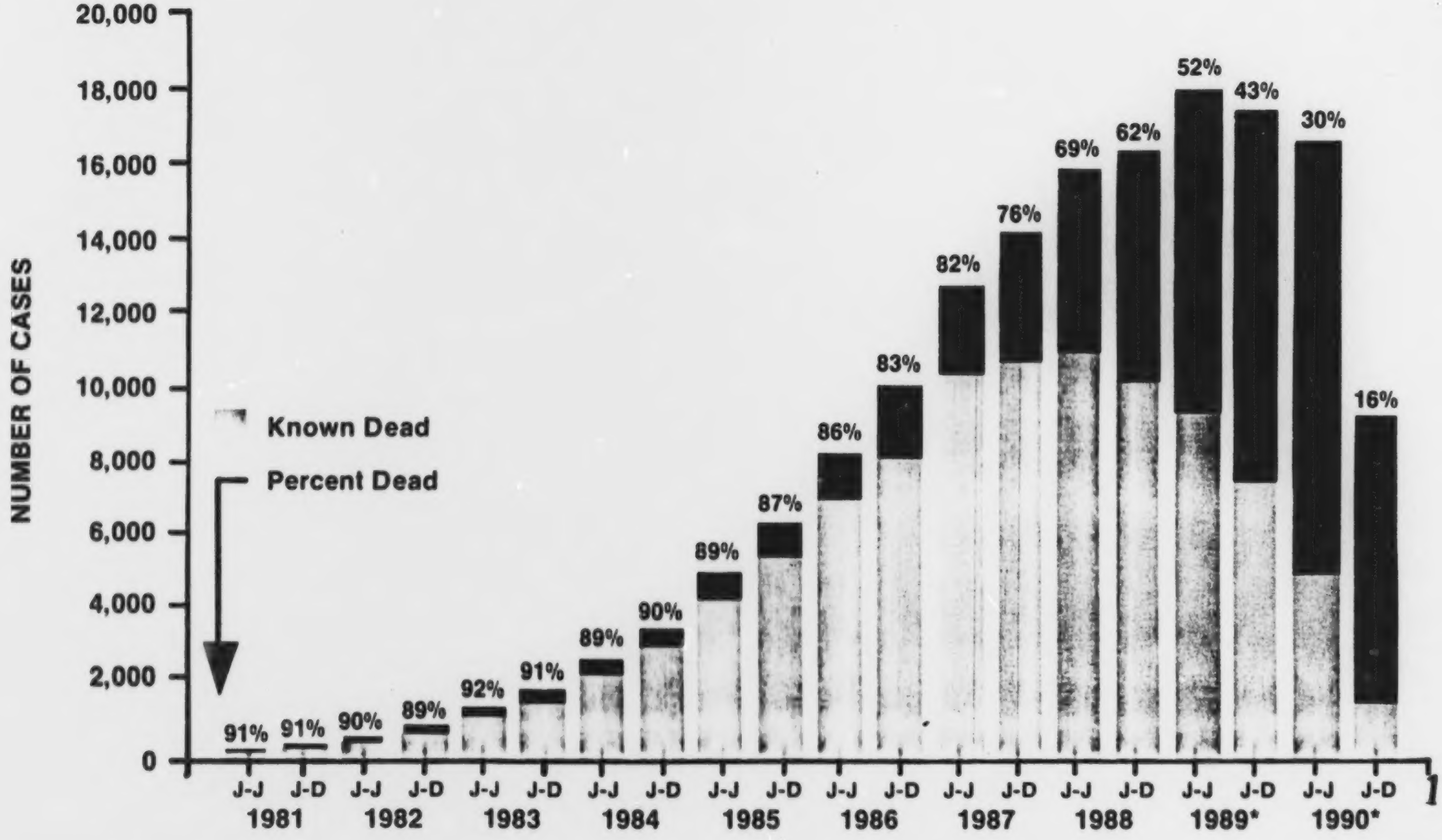
Suggested Teacher

Science or health teacher

Basic Information

Information and transparencies from prior lessons on

Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis, Reported 1981 through 1990, United States



Source: U.S. Centers for Disease Control

*Reporting Incomplete

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transmission and prevention, especially Lessons # 28, 30, and 34.

Suggested Materials

Transparencies of basic facts from prior lessons, especially
Transparency Master # 28b and Handout # 28c
Transparency Master # 37a, statement about parents' role
Handout # 37b, Transmission Prevention of HIV

Teaching/Learning Activities

A. *Introduction*

The teacher begins,

I would like to read to you a statement of Dr. C. Everett Koop, former U. S. Surgeon General, taken from an interview about the parents' role in AIDS education. As I read, please either jot down or remember which of his points you agree with, which you disagree with.

Dr. Koop has said, "The parents of the children I treated as a working doctor always agreed with me that they had an obligation to educate their youngsters about both the emotional and sexual aspects of their lives. But few of them ever did it. Parents feel inadequate to discuss these things because they themselves were not told about them when they were young. Also, in this country, where half the marriages end in divorce, parents are often reluctant to talk to their children about their own relationships. I think that AIDS has awakened us to the need for education about these private but very impportant matters."

(Scholastic Update, Vol. 120, No. 4, Oct. 16, 1987)

The teacher asks,

Let's take a quick "Thumbs up" or "Thumbs down" survey of your agreements and disagreements: "Thumbs up" if you agree, "Thumbs down" if you disagree, and you can put your thumb in the middle if you want to pass.

Let's take one phrase at a time:

Do you agree with the parents with whom Dr. Koop spoke that

- they have an obligation to educate their youngsters about the emotional and sexual aspects of life?
- few of them ever educate their youngsters in these areas?
- parents feel inadequate to discuss these things because they themselves were not told when they were young?
- parents are often reluctant to talk to their children about their own relationships?
- AIDS has awakened us to the need for education about these private but very important matters?

It is easy to understand that persons who have not learned facts about AIDS will have difficulty explaining those facts to others. You have had the opportunity to learn about HIV and AIDS.

B. *Review*

Today we will try to understand more clearly how HIV can be spread and prevented. We will also find ways to communicate these facts and to correct any misinformation.

First we will begin with a review of the four known ways in which HIV is spread: (Transparency Master # 28b)

Next we will recall how to avoid getting HIV: (Handout # 28c)

C. *Activity*

This Handout (# 37b) explains your task during this class period. It also includes a set of facts about spreading and preventing HIV which may be helpful while you are working on the activity.

Closure

After the communication projects are complete, provide space for posting and plan time for listening to all completed projects either as a total class or in small groups.

For each message, ask for an assessment of

- accuracy of facts,
- clarity of message,
- potential to motivate junior high students,
- level of motivation.

The Call

To the extent possible, plan to actually use the products within the school or community.

"The parents of the children I treated as a working doctor always agreed with me that they had an obligation to educate their youngsters about both the emotional and sexual aspects of their lives.

"But few of them ever did it.

"Parents feel inadequate to discuss these things because they themselves were not told about them when they were young.

"Also, in this country, where half the marriages end in divorce, parents are often reluctant to talk to their children about their own relationships.

"I think that AIDS has awakened us to the need for education about these private but very important matters."

—Dr. Everett Koop
Former U.S. Surgeon General

TRANSMISSION OF HIV:

NOT through casual contact with someone who has HIV
(sneezing, hugging, sharing glass or bathroom or swimming pool)
NOT through donating blood to a blood bank

but
through infected blood (sharing drug needles, syringes, etc.), blood products, or donated organs

through any form of sexual intercourse and exchange of infected semen or vaginal secretions

through infected mother's childbearing and breast feeding

PREVENTION OF HIV:

by saying "no" to illegal drugs

by 1) abstaining from pre-marital sex until
2) marriage to an uninfected person who has not and does not engage in risky behavior such as IV drug abuse, followed by
3) a mutually faithful monogamous relationship

by avoiding pregnancy indefinitely if the potential mother ever tested positive for HIV

Communication Project about HIV

1. form work groups of pairs, three, or four persons
2. review the facts about spreading and preventing HIV
3. design and develop some form of communication:
    - an explanation for your younger brother or sister
    - a modern morality play
    - a public service announcement for radio or TV
    - a billboard
    - a school P.A. announcement
    - a commercial
    - a magazine ad
    - an editorial for the school newspaper
4. clearly present some key points about the spread and prevention of HIV
5. gear the level of communication to junior high youngsters (7th to 9th graders)
6. use higher level motivation (love, concern, right, Christian living) to the extent possible

Suggested Lessons for Grade 12

The Twelfth Grade Student

Seventeen-year-olds are characteristically on the threshold of adulthood. Having matured physically, they are experiencing a peak of energy and stamina. Emotionally these young persons are capable of entering into deep, meaningful human relationships and psychologically they have developed a much clearer and more realistic image of self.

Most significantly, these youths experience a spiritual awakening which uncovers a realization of life's deeper realities, develops a sensitivity to the needs of others, and inspires an honest desire to get in touch with the spiritual life within and about them.

Twelfth grade students need to express their feelings and emotions. They respond to adults who treat them with personal respect. They are searching for experiences of God and need a blend of individual and group prayer experiences.

Seventeen-year-olds are persons who
- have the ability to think and reason as adults;
- look out upon a world which fails to measure up, that seems blind to the newly discovered insights in their lives;
- are deeply concerned about a personal future which needs to be both meaningful and satisfying;
- feel the need for more education to be successful adults;
- are anxious in the face of a highly competitive and unstable society;
- are frustrated to have to continue as students and remain dependent for several more years;
- fall in love;
- have a capacity to make a significant faith commitment;
- respect others who are able to express beliefs and feelings, questions and attitudes that are shared by peers;
- require guidance and support if they are to postpone sexual activity until marriage;
- see everything as "possible" and consider themselves as immortal.

Some suggestions for teaching twelfth graders
- be as personal as possible in dealing with them;
- allow for individual expression of feelings and emotions;
- plan and direct interaction carefully and purposefully;
- assist in developing an appreciation and personal desire for the experience of prayer and silent meditation;
- include discussions about and experiences in relationships;
- stress reality and the need to be open to the future in a joy-filled way.

Lesson # 38

CHRISTIAN RESPONSE

Lesson Objectives

The students will be able to

C-19 understand and emulate Jesus's concern for the ill person regardless of the cause;

C-20 participate in ministry to persons in need within their own communities — including any suffering with HIV/AIDS.

Two sessions are recommended.

Suggested Teacher

Religion, Christian service, or social studies teacher

Overview

While reflecting on Jesus' healing of the blind man, the students respond to discussion questions — first individually, then in small groups. They then visit an ill or handicapped person with related followup reflection.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 26, 29, 32, and 35.

Vocabulary: (* = in Glossary)
ostracize *compassion

Suggested Materials

Students and/or teacher bring newspaper or magazine pictures of persons who are obviously suffering from extreme poverty or illness (e.g., street people, persons in wheel chairs or hospital beds). Arrange them on a

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bulletin board, perhaps with the phrase, "It was to let God's work show forth. . . ."

Handout # 38, Guide Sheet (one per student)

Teaching/Learning Activities

Session 1

A. *Introduction*

Referring to the prepared bulletin board (or to some hand-held magazine photos of the ill or suffering), begin the class with an introduction like this:

> Everyday we see pictures of persons who have some disability or seem to be "down on their luck." In Jesus Christ's day, there were also many suffering people. Today we will reflect on the response which Christ modeled.

B. *Reflection*

Distribute Handout # 38, Guide Sheet. Read the Scripture selection aloud, then ask each student to reflect on that account and to write a thoughtful response to Questions A and B.

C. *Group Sharing*

After sufficient time, ask the students to share their answers — preferably in groups of about four students. After the responses to Questions A and B have been shared, the group should together compose an answer to C.

After the group discussions, request reports from the groups. List the opportunities for students to assist or visit.

D. *Project*

The following project introduction should be adapted, depending on existing policies or programs related to direct student service. One approach follows:

> We are now entering the season of ________(Advent, Lent, Thanksgiving, etc) — a good time for a special project. Because of that, we will have one long-range assignment:
>
> 1. decide which one person you will approach — someone ill or handicapped, ostracized or neglected by the community;
> 2. contact the person, offering assistance or just asking to visit;
> 3. after the visit, write in a personal journal or other space your viewpoint of the visit:
>   a) exactly how you felt when you first contacted the person, when you arrived, as you worked or talked, as you left, afterward;
>   b) then place yourself in the other person's place and write how you would feel in that person's situation.
> 4. take your written responses with you and sit quietly in the chapel or your parish church for five minutes, sharing your responses with Christ, open, listening.
> 5. prepare a two-paragraph paper to be brought to class, including only what you want to share:
>   Paragraph 1 — description of the person assisted or visited, that person's response to your coming;
>   Paragraph 2 — your reaction to the experience.
> 6. submit this two-paragraph paper on ________(date).

Teachers are encouraged to tell the students that they will be joining them in this assignment and will complete the same six steps.

Session 2:

E. *Group Sharing*

When the papers arrive, the teacher may wish to first study the papers and to assign small groups of four to six students to reflect a mix of persons visited — making certain that someone in each group has visited a person with AIDS or with some other little-understood condition or handicap. Return the students' papers before the small group sessions by placing each set of four to six papers on a desk or table where the group is to meet.

In groups, the students will

1. share their Paragraph 1 response about the person;
2. share their Paragraph 2 response about their own reaction;
3. determine any similarities in their own responses or in the responses of the other people;
4. determine what is most difficult in trying to live out Christ's manner of dealing with persons in need.

If desired, the class may all hear each group's responses about Items # 3 and # 4, similarities and difficulties.

Closure

> Let us quiet ourselves for a few minutes of prayer — a time to especially include those whom we have visited. (Soft instrumental music, if desired)

Read or have a student read aloud John 9:1-4 from Handout # 38, Guide Sheet. Then have a student lead:

> We have tried to approach some persons who are suffering from illness or handicaps or from the bitter judgments of other people. Our God, we want to place those persons before you now — by just saying aloud their first names or the name by which we know them:

(Time for all who wish to say a name aloud)

> We are grateful for much today — much related to our visits and our reflection. Let us pause a moment to

quietly name something from this experience for which we are personally grateful.

(May invite persons to name aloud, if desired)

In closing, together we thank you, Jesus, for your compassion for each suffering person — including ourselves. We are grateful for your call to us to model your compassion and for our ability to accept that call. We appreciate the chance to share a bit more the feelings of those persons, real people in many ways just like us. May we, and the suffering, continue — as you did — to let God's works show forth.

Conclude with either

Glory be. . .

or a chorus of

Glory and praise to our God
Who alone gives light to our days.
Many are the blessings that flow
To those who trust in God's ways.

Lesson # 39

BASIC INFORMATION

Lesson Objective

The students will be able to

B-3 replace myths about AIDS with facts.

Overview

The students complete a "MYTH-defier," a written assessment of facts and myths about AIDS. The group then discusses each item, identifying the most misunderstood and the most important considerations.

Basic Information and Vocabulary

The teacher should be familiar with the content of Lessons # 33 and # 34.

Vocabulary: (* = in Glossary)

*myth
*HIV

Suggested Teacher

Religion, science, health, or physical education teacher

Suggested Materials

Handout # 39, MYTH-defier

Teaching/Learning Activities

A. *Introduction*

Some of us have been involved one-on-one with a person who is suffering personally the effects of HIV or with someone who is close to a person with HIV/AIDS. Each of these tragedies occurred because someone may not have been fully aware of some basic information about HIV infection, may not have known enough to make good choices.

Today we will take one more look at basic facts, with the hope that our knowledge can help ourselves and others be free of the threat of AIDS.

Because the HIV epidemic has hit so quickly, many people and even some printed resources have incorrect —and often dangerous or fear-producing — information.

B. *Activity*

Each of you will receive a copy of a "MYTH-defier." This is a compilation of facts or true statements mixed with myths or false statements. Your task is to

1. identify the facts, writing "fact" after the true statements
2. identify the myths or false statements, writing corrected versions after the original statements.

C. *Discussion*

After all have completed the 20 items, each item should be discussed — or papers could be collected and items which show errors should be discussed. Obviously the myths or false statements can be rewritten in many ways; some suggestions for correcting the myths and/or for followup discussion follow:

1. No vaccine is currently available to protect against HIV.

2. Persons ARE morally responsible for decisions and actions which result in HIV if they decided to abuse drugs and/or sex.

3. The Church has always taught and still teaches that members should show Christian compassion in a non-judgmental way for any persons who are sick, suffering, or in other need. This includes persons with AIDS.

4. Although much social confusion exists, sexual morality according to Jesus Christ and his Church is clear:

Guide Sheet

As he walked along, he saw a man who had been blind from birth. His disciples asked him, "Rabbi, was it his sin or that of his parents that caused him to be born blind?"

"Neither," answered Jesus. "It was no sin, either of this man or of his parents. Rather it was to let God's works show forth in him. We must do the deeds of him who sent me while it is day. . ."
(John 9:1-4)

Individual:
A. Have you heard any questions similar to the one asked by the disciples, "Was it his sin or that of his parents that caused him to be blind?" Have you heard questions in which people focus on what caused an illness or a handicap?
For example. . .

B. The cause of the blindness was a non-issue with Jesus. He proceeded to treat the individual with dignity, to assist him. In the light of this example, how do you imagine Jesus would respond to someone with AIDS?

Group:
C. In our community, what opportunities exist for high school students to assist or at least visit with persons who are ill or handicapped?

Which of these opportunities involve those who are most apt to have been "judged" by some members of the community? to be considered "the fault" of their illness or handicap? to be ignored or ostracized or neglected?

Intimate sexual activity is limited to faithful married couples. Acceptance of this guidance is more reasonable than ever and can result in freedom from HIV and other sexually transmitted diseases (STD's).

5. Not true. In fact, experimentation with drugs can keep a young person from anything that is "lasting" because of the danger of acquiring HIV from infected needles.

6. Sex before marriage is more likely to inhibit than to effect successful sexual relationships after marriage. Sexual intimacy is a God-given gift which committed partners work to develop within a relationship of trust —a setting very different from pre-marital sex.

7. Fact (assuming the person is still alive five years from now)

8. Testing can sometimes — but not always — detect the presence of the AIDS virus (HIV). From the time of exposure to HIV, it may take two or three months or longer for the virus to be detected by testing.

9. Fact (This is a difficult item!)
   Technically persons do not die from HIV, but from some disease which takes advantage of their body's lack of its natural defenses or immune system.

10. Fact
    Since March of 1985, however, a process has been used in the United States to screen blood for the AIDS virus (HIV) before transfusions.

11. Fact

12. Not necessarily. Some people — after infection with HIV — remain apparently well without symptoms.

13. No. Persons in the Symptomatic Stage of HIV disease begin to experience only a limited number of symptoms.

14. Because they could carry traces of infected blood, it is not safe to share toothbrushes or razors.

15. Fact

16. No, genitally active heterosexual (straight) men and women also can get HIV infection.

17. No, the only sure protection — both morally and physically — is chastity (sexual abstinence or marital fidelity). On a moral level, the use of a condom does not protect God's gift of sexual intercourse, open to procreation, as the maximum expression of love with a married partner. Even on a physical level, a condom —though decreasing the chance of infection —does not always protect effectively.

18. Fact

19. No, a woman can also pass HIV infection to a man or (rarely) to another woman.

20. Fact

Closure

If desired, the group may select the item(s) which they believe
- are misunderstood by most persons,
- are most important for medical considerations,
- are most important for moral considerations.

They may also wish to decide the best ways to increase understanding of these important areas in their school, neighborhood, families, parish, town, etc.

Lesson # 40

TRANSMISSION AND PREVENTION

Lesson Objective

The students will be able to
T-20 apply refusal skills to situations they may encounter after graduation

Overview

After students have an opportunity to describe what they hope to be doing after graduation, they focus on steps to build refusal skills, then write and act out brief scenarios about potential situations which will require those skills.

Suggested Teacher

Religion teacher or counselor

Background Information

The teacher should review the approach used in Lesson # 22.

MYTH-defier

Directions:
- identify the **facts** or **true** statements, writing *"fact"* after the true statements.
- identify the **myths** or **false** statements, writing *corrected versions* after the original statements.

1. Two forms of vaccine currently exist to protect against HIV/AIDS.

2. Because drugs and sex often lessen the power to make clear, responsible decisions, those who engage in them and get HIV are usually not morally responsible for their decisions and actions.

3. The Church teaches that members should avoid persons with AIDS.

4. Society's acceptance of free sexual expression makes it almost impossible to avoid HIV infection and other sexually transmitted diseases.

5. Experimentation with drugs is necessary to make a lasting impression on peer groups.

6. Sex before marriage — though it may carry the danger of HIV infection — is needed to assure successful sexual relations after marriage.

7. A person who acquires HIV now can infect his/her spouse now or five years from now.

8. Fortunately testing can accurately determine the presence of HIV.

9. Although many get sick from HIV, no one dies from that virus.

10. Some children who have AIDS were infected when receiving transfusions.

MYTH-defier (continued)

11. A mother who tests HIV-positive runs a high risk of infecting her fetus during childbearing.

12. A person with HIV becomes ill immediately.

13. When symptoms as a result of HIV begin, all symptoms become evident at the same time.

14. HIV cannot be contracted by sharing toothbrushes or razors.

15. HIV cannot be contracted by using a telephone, dishes, Communion chalice, or drinking fountain.

16. Only genitally active homosexuals can acquire HIV infection.

17. As advertised, the only sure protection against HIV is a condom.

18. Repeated exposure to HIV via high risk behaviors increases the likelihood of becoming infected.

19. HIV infection can only be passed on by a man: man to man or man to woman.

20. The only sexual behavior that avoids risk in the strict sense is abstaining from sexual activity altogether or containing one's sexual life within a faithful relationship with a person known to be uninfected.

Suggested Materials

Simple props (e.g., hats, tools) if helpful to role playing
Handout # 40, Script-Writing Tasks and Steps To Build Refusal Skills

Teaching/Learning Activities

A. *Introduction*
The teacher asks the twelfth graders how many days remain for them in high school — and expects someone to have the exact count. If desired, the teacher may also invite students to describe what they hope to be doing in exactly one year or in five years.

B. *Presentation*
The teacher presents the key idea in a way similar to this:

> As graduates-to-be, it is natural that you are looking forward to the future, with great hopes for that future.
>
> Yet a certain amount of realism is needed too. Many people your age have learned too late that HIV infection is a quick way to throw away a future. We have learned much basic information about HIV, and we have studied how infection can be prevented. But all that information is only useful if you have developed skills to refuse activities that are high risk, medically and morally.

C. *Activity*

> You have heard of the show, "This is Your Life." Today, we will develop our version which could be called, "This Could Be Your Life."
>
> Seriously, one year from now — or five years from now —each of you will be faced with making tough, responsible decisions that will affect your lives. No one can totally prepare you for making those choices, but perhaps the experience of imagining some possible situations — and possible responses — will prove helpful.

Distribute Handout # 40 and draw attention to the first section. Clarify the Script-Writing Tasks as needed.

When the groups are finished, collect their scripts and tell them that soon they will be directors of "This Could Be Your Life." And they will soon be "stars" in someone else's scene.

D. *Skill Development*
But first, a few helps in shaping refusal skills. When persons are in a situation which morally and medically demands refusal, many find these steps helpful.

Draw attention to the second part of Handout # 40, discussing the suggested steps and examples as needed.

E. *Application*
Now — with some of these approaches in mind (of course, they all won't work in each situation), I will exchange scripts among groups. When you get the new script, your group has two tasks, both listed on the bottom of the handout under Preparations for Acting.

F. *Role Playing*
Next comes the role playing of each situation — involving the group that wrote the scene plus one person from the group that discussed possible solutions. If time permits after each scene, the class could make additional suggestions about ways to refuse involvement in that situation.

Closure

At the end, students may also discuss which methods of refusing seem most effective and are most appealing to them.

The Call

Members of the class may offer to assist teachers or counselors as they help younger students increase compassion, understanding, and refusal skills which are related to HIV.

Script-Writing Tasks

In groups of two. three, or four —

1. Write the beginning of a scene
    - that could take place in a college, a vocational school, an office, a manufacturing plant, etc.
    - that could be honestly enticing to a graduate
    - that requires a decision based on both medical and moral grounds
    - that — excluding the graduate — involves the same number of actors as there are students in your group
    - that would take about two or three minutes to role play.

2. Decide which member of your group will play which part; decide all parts EXCEPT the graduate. That part will be played by someone outside your group.

Steps to Build Refusal Skills

1. State the refusal very clearly.
("I will not. . ." rather than "I don't think I'll. . .")

2. Briefly give a reason.
("To me, illegal drugs would mean risking my dream of being a pharmacist. . .")

3. Act decisively.
("I'll see you tomorrow.")

4. Show respect for the other person(s).
("I value our opportunity to work together, but....")

5. Move to another activity.
("Let's find a group to help at the hospice.")

6. Use a sense of humor, if appropriate.
("This is another of your jokes. . . .")

Preparations for Acting

The group should

1. Determine how the fellow graduate could most effectively refuse involvement in the situation and make an exit.

2. Decide which member of the group could best play the role of the fellow graduate.

4 Articles Used in Lessons

Although countless articles focus on AIDS — many from a Catholic perspective — four have been suggested for use within specific lessons:

- Address at Mission Dolores by Pope John Paul II
  (Student use in Lessons # 20 and # 35,
  teacher preparation for Lesson # 29)
- "AIDS: Time for a Moral Renaissance" by Cardinal Basil Hume
  (Student use in Lessons # 28 and # 34, teacher preparation for Lesson #21)
- "A Challenge and a Responsibility" by Cardinal Joseph Bernardin
  (Student use in Lessons # 23 and # 35,
  teacher preparation for Lesson # 29)
- "Human Viruses: Tape Cassette Analogy" by Lawrence A. Hunt, Ph.D.
  (Teacher and student use in Lesson # 33)

For convenience, some of the selections are printed here, with paragraphs numbered for easy reference. Teachers may duplicate these articles for class use.

- Universal Precautions
  (ready-to-duplicate information about precautions to prevent the spread of infectious diseases in school or other educational settings)

Address at Mission Dolores

by Pope John Paul II

September 17, 1987

(a selection)

1. . . . I wish to speak to you about the all-embracing love of God. St. John says: "Love, then consists in this: not that we have loved God but that he has loved us and has sent his Son as an offering for our sins" (1 Jn. 4:10). God's love for us is freely given and unearned, surpassing all we could ever hope for or imagine. He does not love us because we have merited it or are worthy of it. God loves us, rather, because he is true to his own nature. As St. John puts it, "God is love, and he who abides in love abides in God, and God in him" (1 Jn. 4:16).

2. The greatest proof of God's love is shown in the fact that he loves us in our human condition, with our weaknesses and our needs. Nothing else can explain the mystery of the cross. The apostle Paul once wrote: "You can depend on this as worthy of full acceptance: that Jesus Christ came into the world to save sinners. Of these, I myself am the worst. But on that very account I was dealt with mercifully, so that in me, as an extreme case, Jesus Christ might display all his patience, and that I might become an example to those who would later have faith in him and gain everlasting life" (1 Tm. 1:15-16).

3. The love of Christ is more powerful than sin and death. St. Paul explains that Christ came to forgive sin and that his love is greater than any sin, stronger than all my personal sins or those of anyone else. This is the faith of the Church. This is the good news of God's love that the Church proclaims throughout history and that I proclaim to you today: God loves you with an everlasting love. He loves you in Christ Jesus, his Son.

4. God's love has many aspects. In particular, God loves us as our Father. The parable of the prodigal son expresses this truth most vividly. You recall that moment in the parable when the son came to his senses, decided to return home and set off for his father's house. "While he was still a long way off, his father caught sight of him and was deeply moved. He ran out to meet him, threw his arms around his neck and kissed him" (Lk. 15:20). This is the fatherly love of God, a love always ready to forgive, eager to welcome us back.

5. God's love for us as our Father is a strong and faithful love, a love which is full of mercy, a love which enables us to hope for the grace of conversion when we have sinned. As I said in my encyclical on the mercy of God: "The parable of the prodigal son expresses in a simple but profound way the reality of conversion. Conversion is the most concrete expression of the working of love and of the presence of mercy in the human world . . . . Mercy is manifested in its true and proper aspect when it restores to value, promotes and draws good from all the forms of evil existing in the world" *(Dives in Misericordia,* 6).

6. It is the reality of God's love for us as our father that explains why Jesus told us when we pray to address God as "Abba, Father" (cf. Lk. 11:2; Mt. 6:9).

7. It is also true to say that God loves us as a Mother. In this regard God asks us, through the prophet Isaiah: "Can a mother forget her infant, be without tenderness for the child of her womb? Even should she forget, I will never forget you" (Is. 49:15). God's love is tender and merciful, patient and full of understanding. In the Scriptures and also in the living memory of the Church, the love of God is indeed depicted and has been experienced as the compassionate love of a mother.

8. Jesus himself expressed a compassionate love when he wept over Jerusalem, and when he said: "O Jerusalem, Jerusalem . . . . How often would I have gathered your children together as a hen gathers her brood under he wings" (Lk. 13:34).

9. Dear friends in Christ: the love of God is so great that it goes beyond the limits of human language, beyond the grasp of artistic expression, beyond human understanding. And yet it is concretely embodied in God's Son, Jesus Christ, and in his body, the Church. Once again this evening, here in Mission Dolores Basilica, I repeat to all of you the ageless proclamation of the Gospel: God loves you!

10. God loves you all, without distinction, without limit. He loves those of you who are elderly, who feel the burden of the years. He loves those of you who are sick, those who are suffering from AIDS and the AIDS-related complex. He loves the relatives and friends of the sick and those who care for them. He loves us all with an unconditional and everlasting love . . . .

AIDS: Time for a Moral Renaissance

by Cardinal Basil Hume

Reported by the London *Times*
January 7, 1987

1. Some people have claimed that the Aids epidemic is God's punishment of a sinful world. It is better seen as proof of a general law that actions have consequences and that disorder inevitably damages and then destroys.

2. In fact, Aids is neither the whole problem nor the central issue. It is a symptom of something deeper and more deadly. Aids is but one of the many disastrous consequences of promiscuous sexual behaviour. Promiscuity is the root cause of the present epidemic. It has always been sinful; it is rapidly becoming suicidal.

3. We are, then, dealing with an intrinsically moral issue and not simply one of public health. No campaign against Aids can ignore or trivialize the moral question. Refusal to address the moral issues is itself a moral statement.

4. In the public campaign so far, much attention has been focused in very explicit terms on the way the virus is transmitted and on precautions to reduce the risk of infection. Too little has been said so far, and too vaguely, about the radical shift in attitudes needed to halt the advance of the epidemic. Yet when, as here, morality concerns matters of life and death, it affects the public good and involves the whole community. It is certainly not the exclusive concern of the Church and the clergy.

5. The Church and the Government have a common aim, to limit and, if possible, to eliminate the disease. The Church wants to tackle promiscuity as the principal cause of infection. I would argue that the Government itself could legitimately, and helpfully, lay greater stress on the moral issues.

6. No purpose can be served by recrimination against any section of the population held to be responsible. Instead, we should offer to those with Aids unconditional and practical compassion. It would be unfortunate, too, if reaction took the form of a merciless and self-righteous moral backlash. Something much more radical and constructive is called for than the scourging of other people's vices. If a catastrophe is to be averted there must be an urgent and immediate reappraisal of our attitudes and behaviour in matters of sexual behaviour and human relationships.

7. Even in the short term of moral reawakening is society's best hope. That must be part of any national programme of information and education. Condoms and free needles for drug addicts will reduce but not remove the dangers; those most at risk might be led to conclude that a potentially lethal life style can, with precautions, be made safe.

8. The fact to be faced is that all of us in society have to learn to live according to a renewed set of values. That will not be easy. How can any appeal for faithfulness and sexual restraint be heeded when there is on all sides explicit encouragement to promiscuous behaviour and frequent ridicule of moral values? Society is in moral disarray, for which we must all take our share of blame. Sexual permissiveness reflects a general decline of values.

9. Some might question whether any consensus on values is possible in a society which has so lost touch with its cultural, religious and spiritual roots. None the less I am convinced that there are untapped reserves of goodness and idealism in many individuals and communities. Laying the foundations for a new consensus will be prolonged, arduous and quite often hotly contested.

10. The search for a better way, the endeavour to reconstruct society's attitudes and values will, of necessity, take many forms. Together we must reflect on the consequences of our common humanity, the needs and longings of the human heart. We can learn too from history, while not idealizing the past. There can be no question, even if it were possible, of attempting to turn back the clock. The situation we confront demands of us a new response.

11. The Christian churches have an obvious part to play in this fundamental rethinking. So too have the world religions now represented in our country [England]. The Judaeo-Christian heritage of moral values still has much to offer contemporary society. We can learn much also from the traditions of asceticism and self-discipline prized by Islam and the great religions of the East. Reconstruction demands serious dialogue. People, whether religious or not, can surely find common ground and shared ideals in face of the manifest dangers which threaten society.

12. Some are prepared to concede that such a transformation is required but believe it to be a long-term objective. It is necessary in the short term, they argue, to adopt the measures advocated in the present campaign of public education on Aids. The Roman Catholic Church in this country [England] is being urged to modify its opposition to the use of condoms and its condemnation of sexual activity outside of marriage, at least in the case of stable relationships. There are, however, serious matters of principle which the Church is not at liberty to ignore.

13. Roman Catholic teaching maintains that human love is a precious gift, a sharing in the life and love of God himself. Unselfish love, between persons is itself a way to God. It enriches the human personality. In married love a couple come together in a life-long, life-giving union in which they give themselves totally and exclusively to each other. To be fully human and self-giving, that love has to remain open to the possibility of new life. It provides the stability and affection necessary for the nurturing and development of

the growing child. For all these reasons, the full sexual expression of love is reserved for husband and wife within marriage.

14. The Roman Catholic Church, therefore, cannot be expected to lend support to any measures which tacitly accept, even if they do not encourage, sexual activity outside marriage. To do so would be inconsistent. It would weaken our primary witness to the Christian vision of human love and marriage. Nor do we accept that for the unmarried the choice lies solely between condoms and infection. There is a third course of action: refusal to engage in extra-marital sexual activity. Such self-discipline is not emotionally destructive, but can be a positive affirmation of a radical ideal, demanding but not impossible.

15. The Roman Catholic Church is committed to the cause of marriage and family life. It is a sad reflection on present values that no political party offers a coherent and comprehensive policy to sustain and uphold family life. Here there is much common ground to be explored. It is essential to enhance the quality of individual and family life.

16. A radical change in popular attitudes is possible, indeed necessary. Many in recent years have become convinced of the need to embrace a simpler, healthier lifestyle in order to enjoy a fuller, longer life. We are already changing deep-rooted habits in eating, drinking, smoking, exercise. How much greater is the necessity to rediscover the joy of faithful love and lasting marriage. It calls for self-discipline, restraint and a new awareness. Such a profound change in society also needs a comprehensive campaign of public education and persuasion.

17. The Aids crisis represents a watershed for contemporary society. It is much more than a matter of sexual morality. Shared moral values derive from an accepted understanding of society. Fear may well induce some to modify their sexual behaviour. That is not enough, however, to achieve that radical renewal of society which is so clearly needed. The necessary steps should be taken, I would suggest, in an atmosphere of calm and trust and in a spirit of dialogue and hope. There is much to be done in the home, in schools and in every part of our life and work together. Parents, teachers, clergy, communicators, those in public and political life, all have shared responsibility to discover new hope and a better way.

A Challange and a Responsibility

A Pastoral Statement

by Cardinal Joseph Bernardin

October 24, 1986

1. Recently I was told the story of Stephen, a young man who died of AIDS. His story is not unique.

2. Stephen, a young man in his early thirties, was a computer specialist. He was good at his work, enjoyed it, and was making new friends. This had not always been the case, for Stephen's acceptance and personal integration of his homosexuality had not been easy for him, causing him to drift away from his hometown and family. Now, however, he had started a new job which was going well, and his life seemed to be pointed in a much more positive direction.

3. This was not to last, however. Rather quickly, Stephen found it increasingly difficult to perform satisfactorily at work. He did not understand why he was making mistakes he had never made before. Concentration and accuracy, so necessary in computer programming, became more of problem. Although his first job review had been positive, his second was devastatingly negative. He was warned and, a short time later, he was fired.

4. Although unemployed, he was able to support himself out of his small savings. But soon, as his condition worsened, his landlord urged him to see a doctor. He responded that, without the insurance which he lost when he was fired, he could not afford to seek professional medical help. He hoped whatever he had would soon go away on its own.

5. That did not happen. Several days later his landlord took the then-incoherent Stephen to a public hospital. Because he tested positive for the HTLV-III virus, his encephalitis was diagnosed as being an AIDS-related disease.

6. Stephen lapsed in and out of consciousness and, when conscious, was seldom coherent. That is why it took the hospital several days to locate his family. When informed of his terminal condition and its cause, his family reacted poorly: They abandoned their dying son. Perhaps it was fear or ignorance or alienation, but Stephen died alone. A social worker later informed Stephen's friends of his death. When they inquired about his possessions, they discovered that they had been stolen.

7. What a sad story! The death of a young person is tragedy enough, but Stephen died of a new and virulent disease, without insurance and penniless. He died without family or friends to comfort him, without the ministry of his Church. And after death, he was violated a final time in the theft of his belongings.

8. In this tragic and true story it is easy enough to identify with **some** aspects of its emotional impact. The possibility of contracting some new and fatal disease, for example, is terrifying. We can understand the devastation of dying alone. We can sympathize with another's fear, alienation, and suffering. Even so, it is so tempting to say that this is not **our** problem, that we don't want to get involved.

9. But we cannot allow ourselves to identify with only **some** of the aspects of the AIDS phenomenon. We are called to examine more closely **all** its implications. Quite simply, Stephen's story confronts us all. We may wish that it would go away or that it will never touch anyone close to us, but the reality is that AIDS is a growing threat to our society which will not disappear soon. Our response to such a threat cannot be fear, ignorance, or alienation. As followers of Jesus, we have learned a different, better way. He has taught us to show compassion for the sick and suffering, no matter what their background or social standing. He has called us to be ministers of reconciliation so that our wounds and alienation may be healed.

10. This is the purpose of this pastoral statement. We are called, as a community of faith, to confront courageously and compassionately the suffering and death which AIDS is bringing to our world this year. To do this, we must put aside our fears, our prejudices, and whatever other agendas we may have in this regard.

AIDS AND THE GOSPEL

11. Hearing Stephen's story, some may respond by saying that AIDS is divine punishment for what they describe as the "sin of homosexuality." Without questioning their sincerity, I disagree with this assessment.

12. First, medically speaking, AIDS is not a disease restricted to homosexuals. In fact, it appears that originally it might have been spread through heterosexual genital encounters. In the United States many people have been exposed to AIDS or have contracted it through the use of IV-drugs, tainted blood transfusions, and heterosexual genital activity. Consequently, even though a large percentage of those in the United States who have been exposed to the AIDS virus are homosexual, AIDS is a **human** disease, not a specifically homosexual one.

13. Second, God is loving and compassionate, not vengeful. Made in God's image, every human being is of inestimable worth, and the life of all persons, whatever their sexual orientation, is sacred and their dignity must be respected.

14. Third, the Gospel reveals that, while Jesus did not hesitate to proclaim a radical ethic of life grounded in the promise of God's kingdom, he never ceased to reach out to the lowly, to the outcasts of his time — even if they did not live up to the full demands of his teaching. Jesus offered forgiveness and healing to all who sought it. And when some objected to this compassion, he responded: "Let the one among you who is guiltless be the first to throw the stone . . . ." (Jn. 8:7)

15. That is why we who are followers of Jesus see the AIDS crisis as both a **challenge** to respond in a Christlike way to persons who are in dire need and a **responsibility** to work with others in our society to respond to that need.

AIDS IN OUR SOCIETY

16. If we are going to respond adequately to the AIDS crisis, we must begin with some facts.

17. — As of September, 15, 1986, 24,430 persons with AIDS have been diagnosed in the United States. 13,442 of them have already died. In Chicago, 430 cases were diagnosed by the same date; 254 are dead. Nationally, AIDS cases are **doubling** every eleven to thirteen months and in Chicago every ten months.

18. — Contrary to some assumptions, AIDS is not just a disease in the White community. 26% of the AIDS cases in Chicago are among Blacks not of Haitian origin. And one in ten cases is in the Hispanic community.

19. — Although the percentage of intravenous drug users with AIDS is lower in Chicago (5.6%) than in the nation (17%), it is expected that this form of transmission will increase in the Chicago area. Also, there is some indication that the percentage of women with AIDS will increase in the future. There is also a projection that the number of heterosexual AIDS cases will increase among intravenous drug users and those with multiple sexual partners.

20. These facts are cited not to frighten, but to highlight the seriousness of the challenge we face as a civic and religious community.

21. In light of these facts, it is understandable that this disease, which spreads so quickly and is invariably fatal, would occasion misunderstanding, fear, prejudice and discrimination. Quite frankly, people are afraid that they may contract it. This is not a new phenomenon. Recall, for example, how we used to isolate tubercular patients and discriminate subtly (and sometimes not so subtly) against cancer patients. So also, for different reasons, we spoke with moral righteousness and indignation about the "sin" of alcoholism. In time, however, scientific advances and growth in human awareness and understanding helped us to see things in a new light and to develop better ways of relating to those suffering from these diseases.

22. Similarly, we are now called to relate in an enlightened and just way to those suffering from AIDS or from AIDS Related Complex (ARC) as well as those who have been exposed to the AIDS virus. While it is understandable that no one wants to put himself or herself in a vulnerable position, we must make sure that our attitudes and actions are based on facts, not fiction.

23. At the present time, there is no medical justification for discrimination against these people, and, in fact, such discrimination is a violation of their basic human dignity and inconsistent with the Christian ethic. To the extent that they can, persons with AIDS should be encouraged to continue to lead productive lives in their community and place of work. Similarly, government as well as health providers and human service agencies should collaborate to provide adequate funding and care for AIDS patients. Moreover, people with AIDS have a right to decent housing and landlords are not justified in denying them this right merely because of their illness. While acknowledging that special precautions may be needed, funeral directors should not refuse to accept or prepare the bodies of deceased AIDS patients for burial. Finally the quarantine of persons with AIDS, the use of the HTLV-III anti-body test for strictly discriminatory purposes, and the "redlining" of certain classes of people by insurance companies are deplorable practices.

24. I can also affirm and commend the concern that so many professionals and volunteers have shown toward AIDS patients. The increasing seriousness of the problem, however, requires that more be done. I therefore join my voice with the many others who have called upon civic, governmental, religious, and community leaders to intensify their efforts to respond to the many human and religious needs caused by AIDS. No one segment of our community can do it alone. It requires the full collaboration of all.

25. But what can we do? A number of specific objectives for this collaborative action come to mind:

26. — that acute and long-care health facilities be encouraged to expand their services where needed to be able to care for more persons with AIDS and ARC;

27. — that all hospitals be encouraged to provide adequate in-service education of their personnel and to develop sufficient patient advocacy procedures to ensure respectful and compassionate care of persons with AIDS;

28. — that hospice programs be developed to address the unique needs of persons dying from AIDS;

29. — that educational programs, utilizing the media, be developed to help reduce prejudice and discrimination towards persons suffering from AIDS;

30. — that programs and services be developed to assist the families and friends of AIDS patients while the patients are alive and to support them in their bereavement;

31. — that the leaders of the Black and Hispanic communities, as well as the community as a whole, be attentive to the special needs of Blacks and Hispanics with AIDS.

32. This is indeed a large agenda, but I believe that it can be realized if we all work together.

THE CHURCH AND AIDS

33. The Church also has a specific role to play in ministering to those suffering from AIDS, their families, and their friends. As noted above, the Church should collaborate with others as it seeks to fulfill its own responsibilities. To that end, I pledge that we will work with public, private, and religious groups to achieve the above-mentioned objectives. We will continue to support interfaith efforts in exploring such possibilities as opening a chronic care facility (similar to a hospice) to care for those with AIDS, providing temporary housing for families and friends unable to afford other accommodations who are visiting people with AIDS, and establishing an Interfaith Pastoral Counseling Center to assist surviving families and friends in their time of grief.

34. As I intimated earlier, one of the obstacles to an effective ministry to AIDS patients is fear and prejudice. One of the best ways to lessen such fear and prejudice is to communicate the truth in a straightforward way. To assist other civic and religious groups in this important task of communicating the facts about AIDS, I have given two directives to archdiocesan agencies.

35. First, I have asked the Center for the Development in Ministry, in collaboration with others, to develop programs that will help achieve the following objectives:

36.— provide priests, religious and lay leaders of the Archdiocese with accurate information about the medical, psycho-social, and pastoral issues related to AIDS and ARC so that they can communicate such information in a manner that is best suited for their particular community. Such information should include a list of resources and support systems available to AIDS or ARC patients and their families and friends.

37.— assist in the development of training programs for those who minister to those affected by AIDS or ARC, e.g., hospital eucharistic ministers, visitors to the sick.

38. Second, I have asked the Archdiocesan Department of Educational Services to make accurate information about AIDS available to our schools and religious education programs. I leave it to the judgment of our educators as to how this information might best be used in educational programs to assist students in forming a correct, compassionate and healthy attitude toward persons with AIDS and their families.

39. Another critical concern is the employment of persons who have contracted the AIDS virus, ARC, or AIDS itself. As in other areas, the Church has a responsibility to give good example in such situations. Accordingly, our Department of Employee Services has developed a general employment policy for all employees with life-threatening illnesses, including AIDS. Further, since at the present time the HTLV-III blood screen test is neither wholly accurate nor diagnostic nor predictive of AIDS, it is not to be used as an instrument for hiring persons working at any level of the Archdiocese or seeking admission to our schools or other Church institutions.

40. To ensure that our response to the many dimensions of the AIDS crisis is effective, I will soon appoint a Pastoral Care Coordinator for AIDS Ministry. Working within the Archdiocesan Department of Community Services and, specifically, in conjunction with Catholic Charities, this person will oversee and coordinate present and future initiatives in our AIDS ministry. This person will also serve as liaison with the other public, private, and religious groups with which the Archdiocese will collaborate.

41. I also call upon the parishes of the Archdiocese to open their doors and their hearts to those touched in any way by AIDS.

42. There is a final point I wish to make in regard to our AIDS ministry. When we minister to persons with AIDS, like Jesus, we do so with love and compassion. It is not our task to make judgments but to call ourselves and those to whom we minister to a deeper conversion and healing. It would be a mistake to use our personal encounters with AIDS patients only as an occasion to speak about moral principles of behavior.

43. Nonetheless, as persons concerned about the well-being of all our sisters and brothers, we should do all we can — as we minister to the broader community — to encourage people to live in a way that will enhance life, not threaten or destroy it. It seems appropriate, therefore, to remind ourselves of the call to use God's gift of sexuality morally and responsibly, as well as the obligation to seek help when problems with drugs or other substances develop. In addition to being the correct thing to do, it could do a great deal to prevent the spread of the AIDS virus in the future.

CONCLUSION

44. As the Archbishop of Chicago, I call upon the members of our faith community to join me in reaching out to and caring for those suffering from AIDS as well as their families and friends. It is our Christian responsibility to provide for the physical necessities of our suffering brothers and sisters in a context of spiritual support and prayer. As the introduction to the Rite of the Anointing and Care of the Sick reminds us, "the one who is seriously ill needs the special help of God's grace in this time of anxiety, lest she (he) be broken in spirit and subject to temptations and the weakening of faith."

45. I know that the fear and pain can be great, but we are a community whose Master's love was so pervasive that it broke through all barriers — those created by society as well as those built up in the human heart. Our responsibility and challenge is to overcome ignorance and prejudice, to become a community of healing and reconciliation in which those who are suffering from AIDS can move from a sense of alienation to one of unity, from a sense of judgment to one of unconditional love. I personally commit myself to praying and working to achieve this goal. Please join me!

46. I began this Pastoral Statement by telling the tragic story of Stephen. I would like to conclude with another — a story of hope.

47. Once a leper came to Jesus and pleaded on his knees: "If you want," he said, "you can cure me." Feeling sorry for him, Jesus stretched out his hand and touched him. "Of course I want to," he said, "Be cured." and the leprosy left him at once and he was cured. (Mk 1:40-42)

48. At the very start of his ministry, Jesus broke through the religious and social barriers of his day and dared to touch the pain of a fellow human being. His touch brought healing and life.

49. At this moment of the AIDS crisis, we come before the same Lord in need of healing. Healing is needed in our society, within the Church, within families, and by individuals and communities directly affected by AIDS. Today our prayer is the same as the leper's: "If you want to, you can cure us." Already his hands are stretching through the barriers, and he is saying, "Of course I want to."

50. In faith we know that we are not alone as we face our **challenge** and fulfill our **responsibility**.

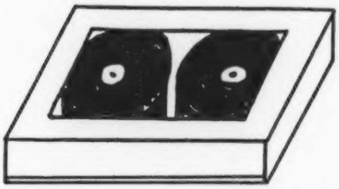
Human Viruses: Tape Cassette Analogy

by Lawrence A. Hunt, Ph.D.

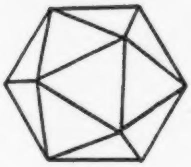
Viruses are unlike all other germs (bacteria, fungi, parasites) which can make humans sick. Viruses are not really alive until they get inside living human cells. Once they are inside cells, they take over the machinery of the cell and use it to reproduce themselves in large numbers. Bacteria, fungi and parasites are cellular organisms, with their own machinery. These "cellular" germs have the ability to grow and divide independent of human cells. Because of this important difference, there are no anti-viral medicines which work as well as the antibiotics commonly used to treat bacterial infections.

One good way to think about a virus is to compare it to a video tape cassette: the virus is no more alive than the cassette before it is placed in the video cassette player.

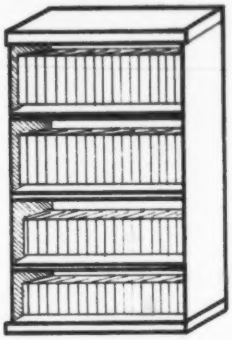
For this analogy, a human cell can be compared to a school building. The cell nucleus (part of the cell which contains the chromosomes) corresponds to a video library in the school building.



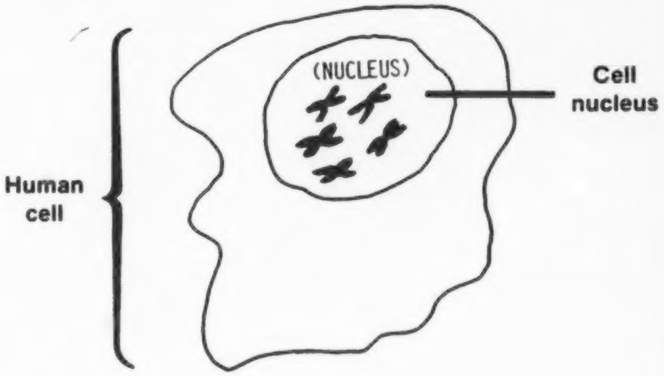
Video cassette tape

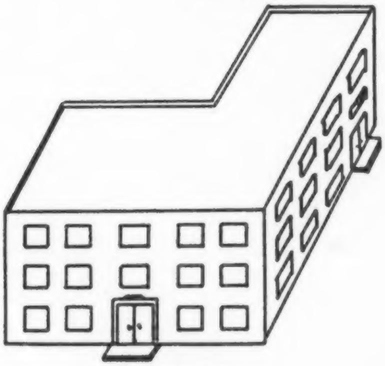


Virus

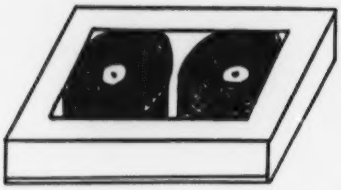
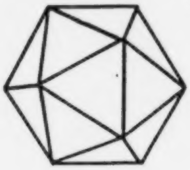
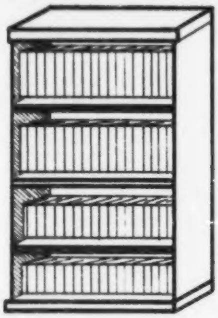
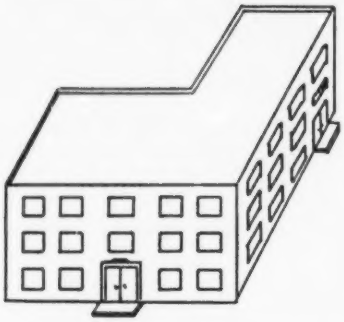
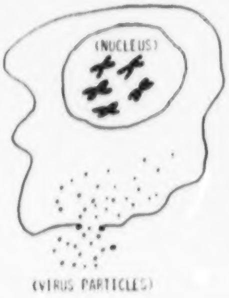


Videotape library





School

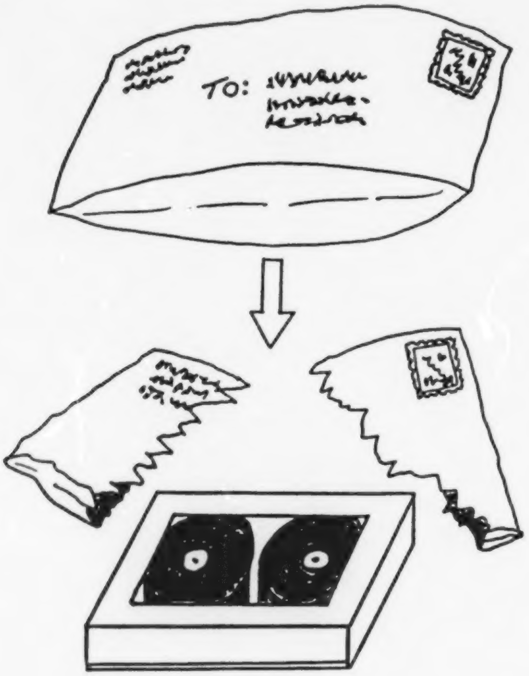
	VIDEOTAPE CASSETTE / VIDEO LIBRARY / SCHOOL BUILDING	VIRUS / CELL NUCLEUS / CELL
Contents:	Thin, magnetic tape containing stored audio and visual information, tightly wound inside a rigid plastic shell that protects the fragile tape 	String-like material containing genetic information, tightly packaged inside a protective, rigid protein coat (plus an outer, greasy "envelope" for some viruses, such as HIV, the AIDS virus) 
Size:	Different sizes for VHS, Beta and 8 mm tape formats; tens of thousands of these cassettes could be stored in a video library. Each shelf could be compared with a chromosome. 	Different sizes for different viruses, with most less than 1/100,000 of an inch in diameter; the length of the genetic information is only about 1/500,000 of the total genetic information in the chromosomes of each human cell.
Decoding of Information:	In classroom of school building, using tape player connected to one or more televisions 	Inside living cell, using machinery of the cell normally used to read-out information in human chromosomes 
Reproduction:	Copying of tape, using blank cassette tapes and VCR recorder and player	Virus genetic information copied and packaged, using raw materials and machinery of the cell
Damage:	No problem or damage, unless wrong tape is played, or defective cassette gets stuck in player recorder	Virus can take-over and damage the cell, leading to cell death and release of many new virus particles
Shutdown/ turn-off:	Turn off the VCR or turn off electrical power to the room or building	Poison the virus replication in the cell with drugs or chemicals — difficult to do without killing "innocent" cells which do not contain viruses

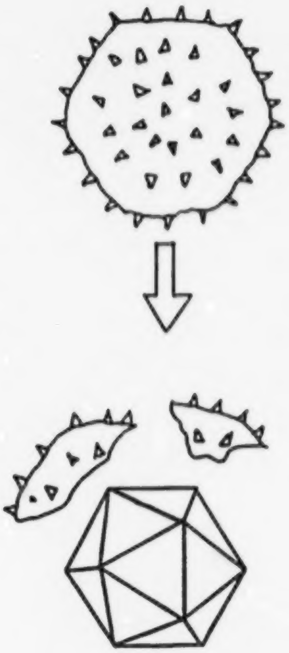
Why Is The AIDS Virus So Fragile And Unstable Outside The Body?

The AIDS virus (HIV), like some other human viruses, has an "envelope" which surrounds the protein core and the genetic information — it is this outer envelope which makes the virus so fragile and easily inactivated by heat, detergents (soaps), and other chemicals. Human viruses which do not have an envelope surrounding the protein core (such as polio virus and hepatitis A virus) are much more stable and durable outside the body, and can be easily transmitted through contaminated water and food.

The earlier analogy of a virus particle and a video tape cassette can be extended to better answer this question:

VIDEOTAPE ENVELOPE	VIRUS ENVELOPE
The envelope contains paper with postage and writing on the outside.	The envelope contains lipids (greasy, fatty molecules) with viral spikes on the outside.
The address allows the envelope with the videotape cassette to be delivered to the correct building anywhere in the United States.	These spikes all have the same address which indicates that the virus particles should be delivered to the T4 cells. The viral spikes bind to T4 molecules on the surface of human T4 cells, and allow AIDS viruses to seek out and enter T4 cells in the blood or elsewhere in the body.
If the envelope is ripped off, burned, or gets wet and falls apart before it is delivered, it can no longer be delivered to the correct building.	If the envelope is removed by soap or by heating (or falls apart on its own), the virus core and genetic information can no longer be delivered to the inside of T4 cells.





UNIVERSAL PRECAUTIONS

Information about Precautions to Prevent Spread of Infectious Diseases in School Settings

In school or other educational settings, knowing who carries an infectious disease and what germ may be present is not possible. Persons with infections do not always have outward signs and often are not aware of being infected. However, you can take precautions at school and in other situations that will help protect you from infectious diseases. Those precautions include the following:

1. Wash your hands with soap and running water at regular times during your workday. Common infectious diseases may be contracted from dirt and waste encountered in the workplace (excluding human immunodeficiency virus (HIV) infection, acquired immune deficiency disorder syndrome (AIDS) and hepatitis B).

2. Avoid punctures with objects that may contain blood from others.

3. Handle discharges from another person's body (particularly body fluids containing blood) with gloves and wash hands thoroughly with soap and running water when you are finished.

4. Carefully dispose of trash that contains body wastes and sharp objects. Use special containers with plastic liners for disposal of refuse that contains blood or for any body spills that may contain blood. For disposal of sharp objects, use containers that cannot be broken or penetrated. **Do not bend, break or recap needles.**

5. Promptly remove another person's blood and body wastes from your skin by washing with soap and running water.

6. Clean surfaces that have blood or body wastes containing blood on them with an Environmental Protection Agency (EPA) approved disinfectant or a 1:10 solution of household bleach and water. (The solution should be fresh daily to ensure proper strength.)

7. Have a vaccination for protection from hepatitis B if you are in contact with developmentally delayed students. The cost of having a vaccination series may be covered by your employee health insurance benefits.

8. If you are responsible for administering first-aid to others or may be placed in a position where you may give first-aid, obtain current instruction in first-aid and cardiopulmonary resuscitation (CPR). Current instruction will include modification of first aid needed to protect the rescuer from infection.

These precautions will protect you from HIV infection, hepatitis B and many other infectious diseases. These ordinary hygienic practices will result in fewer illnesses for you and others around you. You do not need to know which people around are infected with HIV or any other diseases because you use precautions routinely.

5 Glossary

Abstinence:
Refraining from doing something, for example, refraining from sexual activity or the use of illegal drugs

Acquired immune deficiency syndrome (AIDS):
See AIDS

Adultery:
Sexual intercourse between a married person and someone other than that person's spouse

AIDS:
Acquired immune deficiency syndrome; AIDS is a condition that is caused by infection with a virus called HIV. HIV damages the immune system and eventually cripples the body's ability to fight disease. People who are infected with HIV are diagnosed as having AIDS if their T-helper cell (T4, CD4) count falls below 200 and/or they develop certain serious diseases or conditions such as Kaposi's sarcoma (a rare cancer), pneumocystis carinii pneumonia, or HIV dementia. Therefore, AIDS is the end stage of HIV infection.

AIDS-related complex (ARC):
See ARC

AIDS virus:
The virus that causes AIDS which is currently called the human immunodeficiency virus (HIV)

Anal Sex:
The inserting of the penis into the anus (excretory opening) of a partner, male or female. This form of sex is physically abusive and can lead to many types of infection.

Antibody:
A protein substance formed by the body's immune system in response to a foreign agent or antigen

Antigen:
Any substance which, when introduced into the body, causes production of an antibody

Antiviral:
Literally "against virus"; any drug that can destroy or weaken a virus. Some experimental antivirals are being used to treat AIDS.

ARC:
Currently it is best to speak of the progression of HIV disease from initial infection, through an asymptomatic stage, then a symptomatic stage, and ultimately AIDS. The medical, scientific and public health communities are, general, no longer using the term ARC (AIDS-related complex). ARC never had a precise definition, with different individuals using differing parameters to describe someone with ARC.

PRONUNCIATION GUIDE

Although other pronunciations are sometimes used, the following are acceptable:

- ELISA — ē - lī - sə *or* ē - **lĭss** - ə
- Kaposi's sarcoma (KS) — **kăp** - ə - zēz *or* kə - **pō** sēz *or* **kăp** - ō - sēz sär - **kō** - mə
- Pneumocystis carinii pneumonia (PC) — nyo͞o - mō - **sĭs** - tĭs ka - **rī** - nē - ē *or* **kä** - rĭ - nī nyo͞o - **mōn** - yə

Asymptomatic:
Literally "without symptoms"; having an infectious organism within the body and not feeling or showing any outward signs

B-Cell:
A white blood cell that produces antibodies. "B" denotes bone marrow derived.

Bisexual:
Having sexual partner(s) of the same sex and of the opposite sex; a person who has a sexual orientation toward persons of the same as well as the opposite sex.

Body fluids:
Fluids manufactured by the body. Those fluids that are believed to transmit the HIV virus are semen, blood, and vaginal secretions.

Casual contact:
Refers to daily interactions between HIV-infected persons and others at home, work, and school

Celibacy:
Virginity as a response to a Gospel invitation; virginity consecrated to Jesus Christ

Cell:
The smallest living unit which is capable of reproduction by division.

Central nervous system (CNS):
Refers to the brain and spinal cord. The AIDS virus is believed to affect the cells of the CNS. Symptoms may include loss of motor control, headaches, dementia, hearing, speech, and vision loss.

Chaste:
Refers to a person who uses sexuality responsibly and in accordance with its purpose

Chastity:
Virtue that helps persons love unselfishly and responsibly, that regulates and humanizes sexual desires; sexual abstinence for the unmarried and exclusive heterosexual partnership for the married

Communicable:
Refers to a disease that may be transmitted from one person to another

Compassion:
Awareness of person's distress with desire to comfort and alleviate pain

Condom:
A protective sheath used during sexual intercourse for antivenereal or contraceptive purposes

Confidential:
Refers to information that may be shared only with permission

Conjugal union:
The fullest expression of love between a husband and wife; the insertion of the man's penis into the woman's vagina

Contagious:
Easy transmission of disease-causing organism from one person to another. The AIDS virus is transmitted via blood, semen, and vaginal fluid.

Contaminated:
Infected with disease-producing germs

Dementia:
Deterioration of intellectual faculties and emotional disturbance resulting from HIV or other organisms

Diagnose:
Identify a disease by signs, symptoms, and laboratory results

Disease:
A sickness that impairs normal functioning of the body

ELISA:
Enzyme-linked immunosorbent assay (ELISA); a test used to detect HIV antibodies in the blood; sometimes call HIV antibody test

Enzyme-linked immunosorbent assay (ELISA):
See ELISA

Fatal:
Capable of causing death

Female condom:
A protective pouch with a ring on each end. The ring on the closed end is placed over the cervix, anchoring it behind the pubic bone while the material that extends from it lines the vaginal wall, with the open ring on the opposite end, extending outside the body.

Fetus:
A human being developing within the mother's uterus

Fidelity in marriage:
Being faithful to a marriage partner by having no other sexual partners

Gay:
Having sexual interest in or sexual partners of the same sex; a male homosexual

Genitals:
The external sexual or reproductive organs

Germ:
A small organic structure or cell from which a new organism may develop

Hemophilia:
A rare hereditary condition in which the blood does not clot properly

Heterosexual:
A person who has a sexual orientation toward someone of the opposite sex; having sexual partners of the opposite sex only

High risk behavior:
Those behaviors that increase the chance of harm to one's body including the chance of being infected by the AIDS virus. Examples of risk behavior include intravenous drug use with infected needles, anal or vaginal intercourse with multiple partners, and oral-genital or oral-anal contact with infected persons.

HIV:
Human immunodeficiency virus; the virus that causes AIDS

Homosexual:
A person who has a sexual orientation toward someone of the same sex; having sexual partners of the same sex only; gay or lesbian

Hospice:
A shelter or lodging for travelers, the destitute, the incurably ill, etc.

Human immunodeficiency virus (HIV):
See HIV

Hygiene:
The practice of good health and prevention of disease

Illegal drugs:
Drugs obtained and used in a way that is forbidden by law

Immune:
Resistance of the body to disease-causing organisms like virus, bacteria, fungi, etc.

Immune system:
The body's defense system in which specialized cells and proteins in blood and other fluids work together against disease-producing germs and other foreign substances

Incubation period:
Refers to the time from initial infection to appearance of first symptoms of a disease. The incubation period of AIDS can be a few months to as long as ten years.

Infection:
The result of being in contact with a disease-producing germ

Infectious:
Capable of causing infection. A person who harbors HIV may not have any active symptoms of HIV disease, but is still capable of spreading the virus to others.

Intravenous (IV):
See IV

IV:
Intravenous; refers to drugs injected by needle into the veins

Kaposi's sarcoma:
A rare form of cancer that persons with AIDS have more often than other people as a result of depressed immune systems. May occur as painless, purple spots on the skin, but also occurs internally in organs.

Latency:
Period during which the virus is within the body but resting in an inactive state

Lesbian:
A female homosexual

Lymphocyte:
A type of white blood cell formed in lymphoid tissue. These cells are also known as B-cells and T-cells.

Male condom:
A protective sheath that fits over the erect penis

Monocyte:
A large white blood cell that works like a garbage disposal to decompose foreign substances in the body

Monogamous:
The condition or practice of having only one spouse whose relationship is full commitment and fidelity to the other

Morality:
The quality of right or wrong; rightness or wrongness; a norm for the conduct of persons

Mucous membrane:
The soft, moist skin that lines the body cavities such as the mouth, vagina, urethra, eyelids, and rectum

Mycobacterium infection:
A newly emerging infection that most commonly affects the gastrointestinal tract

Myth:
An explanation not based on fact

Opportunistic infections:
A variety of diseases which occur in individuals who have depressed immune systems. These are caused by microorganisms which do not usually cause diseases in a person with a healthy immune system.

Oral-genital sexual activity:
Contact between the mouth and genitals

Organ:
A group of tissues having a particular function

Pandemic:
Widespread communicable disease that affects the entire world

Pathogen:
Any disease-producing microorganism or substance

Penis:
Male reproductive organ

Person with AIDS (PWA):
The term preferred by people diagnosed with AIDS. It is also intended to counteract the more negative term, "AIDS victim."

Pneumocystis carinii pneumonia (PCP):
The most common, life threatening opportunistic infection which affects the lungs; a frequent cause of death in persons with AIDS

Precaution:
Guarding against a possible accident or danger

Semen:
A fluid from the male which leaves the body through the penis; it contains the sperm and carries the AIDS virus if the male is infected.

Sero-positive:
Indicates presence of antibodies to a particular disease-producing organism

Sex:
As commonly understood, refers to genital activity

Sexual intercourse:
Sexual joining of two individuals

Sexuality:
Maleness or femaleness; the basic identity of a human person; a person's fundamental life-giving power, reflected in relationships with others and with the total environment

Sexually transmitted disease (STD):
Disease that is transmitted by sexual activities

Symptom:
A change in function or behavior that indicates sickness

Symptomatic:
Showing outward signs or symptoms of an infection within the body

Syndrome:
A set of signs and symptoms occurring together that characterize a specific disease or disorder

System:
A group of organs acting together to perform one main body function

T-Cell:
A white blood cell that matures in the thymus gland. T4 (CD4) cells are the helper cells. T8 are the suppressor cells. T4 cells direct the activities of the immune system.

Tissue:
A group of cells having a particular function

Transfusion:
Donation of blood from one person to another

Transmit:
To pass from one person to another

Unconditional love:
The kind of love extended by God and modeled by Jesus in which a person is loved at all times

Unsterilized:
Contaminated with disease-producing microrganisms

Vagina:
Passageway from the female external genital folds to the uterus (womb)

Vaginal secretions:
Fluids produced by the female genitals that provide moistness and lubrication of the vagina. This body fluid may harbor the AIDS virus.

Virtue:
A habit or established capability for performing good actions; moral excellence and responsibility; conformity to a moral standard

Virus:
Submicroscopic parasite which causes disease and reproduces only within living cells; a living organism too small to be seen by the unaided eye

White blood cell:
Colorless blood cell, the immune system's first line of defense against disease

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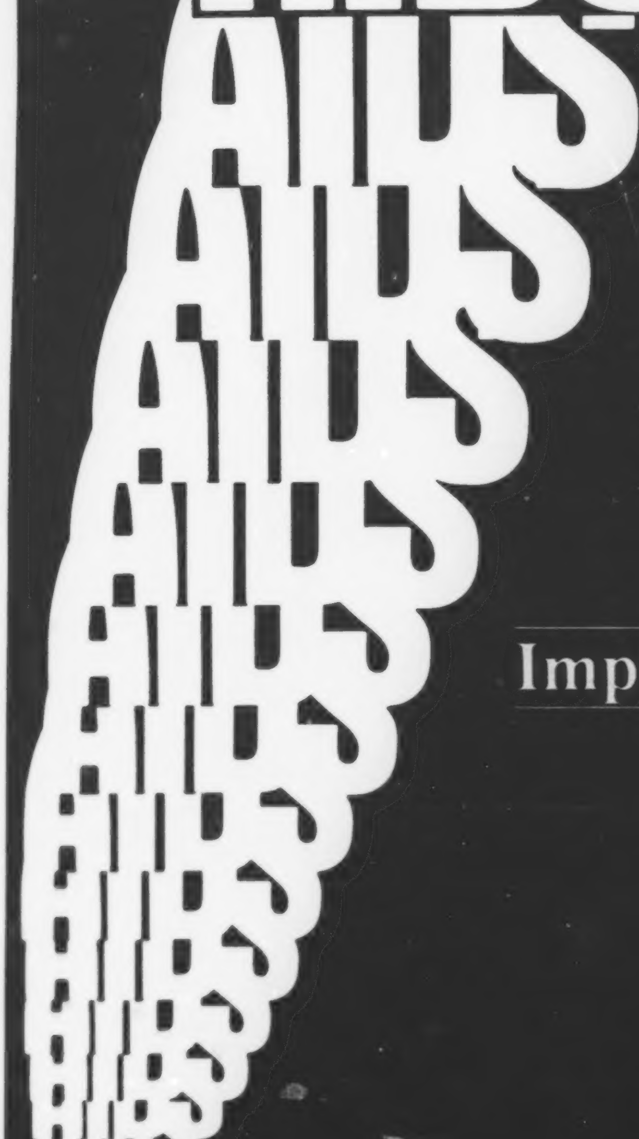
AIDS:



A Catholic Educational Approach to HIV

(Human Immunodeficiency Virus)

Implementation Guide

NCEA

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AIDS:
A Catholic Educational Approach to HIV (Human Immunodeficiency Virus)

Implementation Guide

by the NCEA AIDS Education Task Force

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© 1992 National Catholic Educational Association, Washington, DC
An extensive revision of the 1988 publication,
AIDS: A Catholic Educational Approach
ISBN 1-55833-112-3

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6

Considerations When Implementing HIV/AIDS Education

Introduction

Reaching students with HIV/AIDS prevention education requires more than classroom instruction. Public health officials and educators advise that, to be effective, HIV/AIDS education programs must reach out to the community at large. HIV/AIDS education in Catholic schools and religious education programs must be consistent with Catholic community values and needs and must be reinforced by parents within the context of family values.

To accomplish this task five considerations are important:

- **Involvement of the Faith Community** — to provide modeling and support for children and youth;
- **Local Decisions** — to tailor the program to local needs;
- **Varied Models** — to suggest possible local approaches;
- **Prayer Context** — to promote awareness of God's presence;
- **Materials Provided** — to know the extent and variety available within *AIDS: A Catholic Educational Approach to HIV*.

Involvement of the Faith Community

Catholic Christianity cannot be taught simply as abstract theory or even through well planned lessons. Faith must be modeled by individuals and witnessed by the community. Young people will learn ideals within a faith community where members are striving to live by those ideals.

For that reason, the broader the involvement of the entire faith community, the stronger will be the support system for HIV/AIDS-related education. The program should involve, as appropriate, the following persons and groups:

Pastor — As spiritual leader and coordinator of ministries within the faith community, the pastor is key to the Church's educational mission. While he may delegate major responsibility for educational programing to competent leaders, his collaboration, support, participation, and influence remain critical to the success of programs — particularly in sensitive areas. Even programs in private or regional schools should invite participation of the area clergy.

Principal — The principal is in the best position to coordinate a school-based curriculum on HIV/AIDS. With a team appropriate to the specific school, the principal can carefully consider the best procedures and strategies.

DRE — The Director of Religious Education will coordinate this curriculum for the parish catechetical program. Expertise in adult education can help in designing related programs for parents, teachers, and adult parishioners.

Parents — As the first and foremost educators of their children, parents should participate in establishing a program, know well the program content, support and encourage their children.

Teachers/Catechists — Program presenters are to be selected on the basis of knowledge, attitude, ability to handle sensitive matters, and practical considerations such as the level of teaching required. These teachers not only have to be well versed in the facts about HIV/AIDS, but also must be prepared to address students' attitudes, beliefs, and skills if behavior is to be influenced. They will need support throughout the program.

School Board/Parish Council — Representative groups should be involved in setting the general directions for the program. Ordinarily they are not involved in the details, such as specific lesson plans.

Youth Minister — Because much of youth catechesis today is done by youth ministers, this person may be a key member on an HIV/AIDS education team.

Student Leaders — Teenage student leaders can offer the important factors of peer education and support.

Local Decisions

AIDS education — as all education — must be tailored to each local situation. Those in appropriate leadership positions along with some local natural leaders should begin in advance to design a process which can reach the desired outcomes.

AIDS: A Catholic Educational Approach to HIV may be supplemented with materials and activities developed locally with the community's values and cultural differences in mind. Teachers and parents may be more convinced for the need for HIV/AIDS education and more likely to implement the curriculum if information from the local health department and other agencies is used when establishing the program.

It is important to note that arch/dioceses and/or Catholic schools should not endorse or utilize any local agencies, speakers or resource materials which do not support

Catholic doctrine or which expose students to philosophies and ethical norms different from those of the Catholic Church.

Suggestions for seeking local assistance:

- identify the designated HIV/AIDS coordinator in the state health department;
- network with the local health department;
- study education department curriculum guides or guidelines;
- check with the local chapter of the American Medical Association or infectious disease specialists at university medical centers;
- contact local AIDS service groups;
- check with parishioners who are in the health care field to assess their expertise on HIV/AIDS.

Questions such as the following can suggest preliminary directions for local program design and implementation:

1. What are the existing arch/diocesan policies related to HIV/AIDS and to related education? What arch/diocesan, parish, and/or school programs are already in place that will support HIV/AIDS education?
2. What local leaders or policymakers should be consulted or involved? Do these local resources support Catholic doctrines and values?
3. What team or group can best collaborate to shape this local program?
4. How can parental participation be guaranteed and facilitated? Will parental involvement require any considerations related to culture or language?
5. On what levels (e.g., parish, school, catechetical program) should local implementation begin? What is the best timeline?
6. Who should assume leadership of each segment? of the total endeavor?
7. Are local youngsters about average in HIV/AIDS education readiness and needs? or should the materials be accelerated? or presented more gradually?
8. Does any related program (e.g., education in human sexuality or drug education) need attention at this time?
9. Should the local teacher inservice program reflect any unique strengths or needs?
10. How, when, and by whom will the HIV/AIDS education program be evaluated?

Varied Models

A flexible approach to implementation is important. Some possible models — that would be individualized to the needs of the specific setting — include the following:

- Total Parish Program
- Parish School Program
- Parish Catechetical Program

The exact composition of the planning team will depend somewhat on the implementation model that is selected.

Total Parish Program

One possible model for a total parish program follows in outline form:

GROUP	TOPIC/METHOD
Pastor, principal, DRE, parish council officers, etc.	Orientation — Moral Context and Medical Information Guided reading, discussion, study with respected expert on moral and medical dimensions of HIV/AIDS Assessment to assure adequate education in human sexuality **prior** to sexually explicit HIV/AIDS instruction Design of plan for parish study
Total parish	Invitation through homily and a letter which describes the local plan
Study group leaders	Study of Orientation — Moral Context and Medical Information Facilitation skills
Adult discussion groups	Orientation — Moral Context and Medical Information
Principal/DRE, diocesan personnel, and/or local qualified leader(s)	Inservice program for all teachers
Principal/DRE with staff members	Curriculum implementation in school/catechetical programs
Youth minister	Preparation of student leaders

Parish School Program
(For regional, private, or interparish school program, the roles would be adapted to the specific setting.)

One possible model for a parish school program follows in outline form:

GROUP	TOPIC/METHOD
Principal	Consultation regarding diocesan policies and available resources
Principal, pastor, school board, faculty representative(s), parent leaders, DRE if applicable	Study of orientation, scope and sequence, suggested parent presentation Assessment to assure adequate education in human sexuality **prior** to sexually explicit HIV/AIDS instruction Determination of general program elements and timeline
Principal, pastor, faculty rep(s)	Planning for faculty inservice program Specific curricular decisions
Board president, principal, or pastor	Invitation to parents' session
Principal, diocesan personnel, and/or local qualified leader(s)	Teachers' inservice program
Principal, diocesan personnel, and/or local qualified leader(s)	Parents' session
Principal, selected teachers	Lessons in appropriate classes (religion, science, health, physical education)
Parents	Additional sessions as desired
Teachers	Additional inservice as needed
Initiating group	Evaluation

Parish Catechetical Program

One possible model for a parish catechetical program follows in outline form:

GROUP	TOPIC/METHOD
Director of Religious Education (DRE)	Consultation regarding diocesan policies and available resources
DRE, pastor, education committee, catechist representative(s), parent leaders	Study of orientation, scope and sequence, suggested parent presentation Assessment to assure adequate education in human sexuality **prior** to sexually explicit HIV/AIDS instruction Determination of general program elements and timeline
Public school teachers or others familiar with public school curriculum	Determination of extent and manner of AIDS education in public school(s) Plan for building upon this basis
DRE, pastor, catechist representative(s)	Planning for catechist inservice Specific curricular decisions
DRE or pastor	Invitation to parents' session
DRE, diocesan personnel, and/or local qualified leader(s)	Catechists' inservice program
DRE, diocesan personnel, and/or local qualified leader(s)	Parents' session
DRE, all or selected catechists	Lessons with students
Parents	Additional sessions as desired
Catechists	Additional inservice as needed
Initiating group	Evaluation

Prayer Context

The gravity of the HIV/AIDS epidemic, its effects on people's lives, and personal inadequacies in addressing the issues combine to motivate prayer for wisdom, insight, strength, and courage. Prayer as well as reflection on Jesus' compassionate ministry of teaching and healing should accompany every step for HIV/AIDS education within a Catholic setting.

The following prayer ideas are simply suggestions for local development. The first prayer has been designed for leaders in the Catholic community, the second for parents, the third for educators.

Suggested prayer ideas for *leaders in the Catholic community:*

Introduction:
Jesus, through his mission, offered to the world a new understanding of leadership. Although Jesus taught with authority, he did not rely on power and oppression. He offered truth, service, and liberation. With Christ as our model, we are called to the truth — to lead, to serve, to liberate.

Scripture Readings:
Jesus rose from the meal and took off his cloak. He picked up a towel and tied it around himself. Then he poured water into a basin and began to wash his disciples' feet and dry them with the towel he had around him.
(John 13:4-5)

At this Pilate said to Jesus, "So then, you are a king?" Jesus replied:
"It is you who say I am a king.
The reason I was born, the reason why I came into the world, is to testify to the truth.
Anyone committed to the truth hears my voice."
(John 18:37)

Prayer:
Our God, open us to your form of leadership, of service.
Direct us to implement an educational program which is truthful, challenging, and compassionate.
Impress on us that education about HIV and AIDS is not the sole responsibility of the teachers.
Touch our attitudes and values.
Help us to base our personal lives as well as our lives within this Church community on the values of the Gospel.
Increase in us a loving respect for God's way and for every human person. Amen.

Suggested prayer ideas for *parents:*

Introduction:
In our role as parents, we are empowered to help our children to develop as total persons and to relate well with others. This parental role in today's society also presents the challenge of dealing with the outbreak of AIDS and of educating our children in the principles and in the compassion of Jesus Christ.

Scripture Reading:
Jesus gave this response: "Go and report to John what you have seen and heard. The blind recover their sight, cripples walk, lepers are cured, the deaf hear, dead people are raised to life, and the poor have the good news preached to them."
(Luke 7:22)

Prayer:
Our God, help us to hear your word.
Direct us to faithfully echo Jesus' call to conversion, to overcome the barrier of ignorance and to help remove the wall of prejudice.
Help us develop within ourselves and among our children an attitude and example of tenderness and care toward those people who are confronted with their own death or the death of someone they love.
Gift us with the compassion of Jesus and the wisdom of your Holy Spirit to bridge the great gaps between ignorance, fear, and loneliness on the one hand, and truth, courage, and love on the other. Amen.

Suggested prayer ideas for *educators:*

Introduction:
Like the ancient prophets and the prophets of today, we must speak out against social structures, personal practices, and ideologies which oppress people or which harm the dignity of the individual.

Scripture Reading:
When the book of the prophet Isaiah was handed to Jesus, he unrolled the scroll and found the passage where it was written:
"The spirit of the Lord is upon me;
therefore the Lord has anointed me.
The Lord has sent me to bring glad tidings to the poor,
to proclaim liberty to captives,
Recovery of sight to the blind
and release to prisoners,
To announce a year of favor from the Lord."
(Luke 4:17-19)

Prayer:
Our God, help your word to touch us, to free us, to give us sight, to proclaim your favor to others.
Teach us the need for caution and prudence, but more importantly move us to speak with conviction, to teach about the need to strive constantly for self-respect, for mutual fidelity, and for chastity.
Direct our teaching constantly to assert values about personal and interpersonal relationships that are in harmony with our belief in Jesus. Amen.

Other Suggested Scripture Passages:

Matthew 8:1-4
John 10:10
1 Peter 2:9
Ephesians 4:15
John 9:2-3
John 8:10-11
Matthew 5:27-30

Materials Provided

Because HIV/AIDS education may be new for many people and because the needs in each situation will vary, *AIDS: A Catholic Educational Approach to HIV* offers an extensive and varied selection of supportive materials.

In *Teacher's Manual:*

Section 1: Purpose of Publication
the rationale for HIV/AIDS education materials that are morally consistent with Gospel values, developmentally appropriate for elementary and high school students, sufficiently detailed to guide teachers, and adaptable to arch/diocesan and local policies and needs

Section 2: Orientation for Teachers and Parents in a Catholic Setting
an overview of the moral context and a summary of medical information that is important in understanding HIV/AIDS and related education within a Catholic setting; also a K-12 outline of the knowledge, skills, attitudes and values that are gradually developed in the curriculum

Section 3: Teachers' Materials and Methodology
ready-to-use K-12 lessons and supporting materials which include the following:

Basic Considerations for the Teacher
general directives when teaching HIV/AIDS-related lessons

Scope and Sequence Chart of HIV/AIDS-Related Learning Objectives
20 objectives related to Christian Response,
15 objectives related to Basic Information,
20 objectives related to Transmission and Prevention, all placed in suggested grade levels K-12

About the Student
descriptions of the readiness level of youngsters at each grade level including physical, intellectual, emotional, and social elements

Suggested Lessons
a total of 40 detailed lessons — generally 3 per year — which may be used, adapted, or merely studied as examples. Lessons include the following parts:

Lesson Objectives
Overview
Suggested Teacher
Basic Information and Vocabulary
Suggested Materials
Teaching/Learning Activities
Closure

Each grade level concludes with a suggested ongoing activity entitled The Call.

Section 4: Articles Used for Lessons and Background
selected documents and articles (by Pope John Paul II, Cardinal Basil Hume, and Cardinal Joseph Bernardin) that promote an understanding of AIDS from a Church perspective; also an analogy about human viruses and a summary of universal precautions.

Section 5: Glossary
definitions of HIV/AIDS-related words and phrases that appear in the orientation and in the suggested lessons

In *Implementation Guide:*

Section 7: Ideas for Preparing the Teachers' Inservice Program
some practical ideas and sample agendas for preparing all teachers involved with HIV/AIDS education — those who instruct students specifically about HIV/AIDS and others who often will face related questions

Section 8: Suggestions for Planning a Parents' Session
some practical suggestions for planning the session and inviting the parents — including a sample letter, a supporting handout, and a suggested agenda

Section 9: HIV/AIDS Curriculum Resources
an annotated list of HIV/AIDS-related books, pamphlets, audio-visuals, organizations, hotlines, and other resources

After the local leadership team has made its initial decisions and knows the materials provided in *AIDS: A Catholic Educational Approach to HIV*, it can begin to initiate its chosen model. Important to any model are three tasks:

- preparing the teachers' inservice program;
- planning a parents' session;
- selecting additional resources, if desired.

The following sections treat these important tasks.

7

Ideas for Preparing the Teachers' Inservice Program

Some general ideas for implementing HIV/AIDS education are included in Section 6 of this publication. These pages further develop the essential element of teacher preparation whether the teacher happens to be a catechist in a religious education program or an instructor within a Catholic school.

Importance of Teacher Preparation

Former Surgeon General Koop has advised that information on HIV should be as frank and direct as possible. In order to address the issue directly, the HIV material ought to be presented to students by their regular instructors wherever possible rather than delegated totally to outside health or medical specialists.

The program in HIV/AIDS education will be as effective as the teachers' inservice. For that reason, a program to prepare all teachers must be conducted prior to any HIV/AIDS-related instruction.

Time Allotment

Needed inservice time will vary considerably, depending upon the teachers' prior learning about HIV/AIDS within a Catholic perspective. Generally, however, at least one full day or several shorter sessions will be needed for inservice preparation.

Level of Inservice Offerings

Depending on local circumstances, inservice can be conducted at any of the following levels:

- Arch/diocesan
- Regional
- School
- CCD/PSR
- Parish

Leaders

Ideally a team with combined expertise in the moral, medical, and pedagogical elements of this program would conduct the inservice sessions. The person treating moral elements should have a strong background in current Catholic theology. Each leader should evidence a commitment to Christian values.

Perhaps available persons with such expertise do not fully understand the integrated program or do not have sufficient time for team planning. In that case, one person who is very familiar with the program could conduct the basic parts of the session with the others acting as resource persons to handle technical questions in their fields of expertise.

Attendees

Training all teachers and staff, not merely a representative group, is an important part of building support for HIV/AIDS education. The best way to approach inservice is to have all teachers and all staff participate. The teachers who do not specifically conduct HIV/AIDS education classes are likely to be asked questions by students and may have informal opportunities for counseling. Custodians and cooks, who are often in positions to observe students and who are regularly involved with hygiene, should also be encouraged to participate.

Not only will training of all staff support the educational effort of students, but may help in protecting the staff from HIV infection.

Communication

Before releasing any specific information about what the HIV/AIDS program will or will not include, it may be appropriate for the arch/diocese along with school administrators and experts, such as local health professionals, to determine how the more controversial aspects of the inservice program will be addressed.

As general plans for HIV/AIDS education develop in the local situation, teachers' ideas should be a major consideration (e.g., at least through teachers' representatives or a survey), and teachers who are not directly involved should be informed regularly of progress. Teachers — who know the maturity level of total classes and who will later plan and teach the actual lessons — will be extremely helpful in identifying the levels at which topics can be presented most effectively.

Selection of Teachers

All teachers need to understand HIV/AIDS and the related education program and would be expected to participate in some inservice education. The teachers who will conduct classroom lessons are to be selected on the basis of knowledge, attitude, ability to handle sensitive matters, and practical considerations such as the level of teaching required. All persons need to face and address the realities of resistance, denial, and prejudice. This is especially important for teachers because of their role and modeling for many students.

Even with preparation, some teachers may continue to be uncomfortable teaching about HIV/AIDS prevention. The Presidential Commission on the HIV Epidemic recommends that "no member of the school staff should be forced to deliver education about HIV if he or she is not comfortable with the subject."

Materials

Ideally each teacher will have a copy of the complete *Teacher's Manual* to highlight and annotate during inservice and preparation. This will simplify lesson preparation, foster continued study of basic information, and allow easy access to all levels of the lessons.

If books must be shared, a schedule could be planned so that teachers have a *Teacher's Manual* before and during the time of HIV/AIDS education; e.g., teachers at one level could have the manuals and teach lessons in the fall, another level in winter, a third group in spring.

For the inservice session, each teacher should have a total manual or at least a copy of Section 2, "Orientation for Teachers and Parents in a Catholic Setting" (in advance) and (for the session) two parts of Section 3: "Basic Considerations for the Teacher" and the total Scope and Sequence chart.

Pre-Session Preparation

Prior to the first session, the participants are asked to study Section 2: "Orientation for Teachers and Parents in a Catholic Setting." The task could be phrased like this:

> To help us begin our inservice session on HIV/AIDS education with a common background, we urge each participant to read thoughtfully Section 2, "Orientation for Teachers and Parents in a Catholic Setting." Please come prepared with
>
> 1. a basic understanding of the moral context and the summary of medical information about AIDS and HIV infection;
>
> 2. an awareness of those attitudes and values within the orientation which differ from the typical messages about HIV/AIDS in the media.
>
> Feel free to highlight key points in your manuals [or copies] or to pencil questions in the margins. Thank you for helping to prepare yourself for this important session on a topic of life or death.

Suggested Inservice Agenda

OPENING

15 min. Gathering
5 min. 1. Opening with prayer
15 min. 2. Introduction of *AIDS: A Catholic Educational Approach to HIV*

MEDICAL DIMENSION

90 min. 3. Basic information
    HIV/AIDS — Definition and nature
    HIV/AIDS — Testing
    HIV/AIDS — Transmission
    Handling bodily fluids
    Questions and discussion

Break

RELIGIOUS DIMENSION

45 min. 4. Christian response
    Development of faith attitudes and values
    Catholic teachings
    Questions and discussion

Lunch

POLICY DIMENSION

45 min. 5. Issues
    Psycho-social issues
    Legal issues
    Confidentiality issues
    Schools in general
    Catholic schools and religious education programs

Break

CURRICULUM DIMENSION

30 min. 6. Basic considerations for the teacher
30 min. 7. The curriculum — a practical overview
15 min. 8. Plans for local regional teacher support

CONCLUSION

15 min. Questions answers and review

Each component of this suggested inservice agenda is described below in more detail.

OPENING

Agenda Item #1 Opening with Prayer
Suggested prayer ideas are included in Section 6.

Agenda Item #2 Introduction to *AIDS: A Catholic Educational Approach to HIV*
To help teachers understand the basic philosophy of the program, leaders may wish to present the ideas from Section 1, "Purpose of Publication," especially the idea that this program involves more than presenting information; it attempts to integrate HIV/AIDS education with the vision of Jesus Christ and his Church. Furthermore, it helps young people to develop attitudes, values, and skills through a planned sequence of learning opportunities.

Teachers will benefit from an overview of the *Teacher's Manual*, noting its five sections:

1. Purpose of Publication
2. Orientation for Teachers and Parents in a Catholic Setting
   This section concludes with a list of knowledge, skills, attitudes and values which are gradually developed in K-12.
3. Teachers' Materials and Methodology including
   Basic Considerations for the Teacher
   Scope and Sequence Chart of HIV/AIDS-Related Learning Objectives arranged in three categories:
   - Christian Response
   - Basic Information
   - Transmission and Prevention

   Suggested Lessons in Developmental Setting for Kindergarten through Grade 12
4. Articles Used in Lessons and the Universal Precautions
5. Glossary of Terms

The leader can then show the *Implementation Guide*, indicating the four sections:

6. Considerations When Implementing HIV/AIDS Education
7. Ideas for Preparing the Teachers' Inservice Program
8. Suggestions for Planning a Parents' Session
9. HIV/AIDS Curriculum Resources.

The teachers may be especially interested to know that the leader can suggest resources to help them better understand some HIV/AIDS-related areas. They should become aware that most HIV/AIDS education materials are not appropriate within a Catholic setting. (Most resources assume that it is normal for teenagers to be sexually active and to abuse drugs. The Church, on the other hand, fosters the belief that persons are capable of living the Christian vision of human love and responsibility within marriage as well as the radical ideal of self-discipline which is needed in every state of life.)

This is also an opportunity for the leader to emphasize that effective HIV/AIDS education for children and youth is a gradual process and should caution teachers against using any resources which present everything about the topic in one sitting.

MEDICAL DIMENSION

Agenda Item #3 Basic Information
Presentation of Key Points
A leader actually teaches the basic information about HIV infection to the participants:

- Definition of AIDS (Transparency # 18a)
- Definition of HIV (Transparency # 24a)
- Effect of AIDS on immune system (Transparencies # 18b and # 18c)
- Potential stages (Transparencies # 24b and # 27c)
- Signs and Symptoms of HIV Infection (Transparency # 24c and Handout # 33)
- Testing for HIV (Transparency # 24d)
- The four ways adults can transmit the AIDS virus (Transparency # 21a or # 28b; may wish to use # 16c also)
- Remoteness of risk related to transfusion (Lesson # 28)
- No risk to blood donors (Lesson # 28)
- Safety precautions related to emergency procedures (Lesson # 22 and Universal Precautions preceding the Glossary)

These points may be reviewed using Transparency A.

PRONUNCIATION GUIDE

During sessions, teachers may appreciate some extra help with correctly pronouncing difficult terms. Although other pronunciations are sometimes used, the following are acceptable:

- ELISA — ē - **lī** - sə *or* ē - **lĭss** - ə
- Kaposi's sarcoma (KS) — **kăp** - ə - zēz *or*
  kə - **pō** sēz *or* **kăp** - ō - sēz sȧr - **kō** - mə
- Pneumocystis carinii pneumonia (PC) —
  nyo͞o - mō - **sĭs** - tĭs kə - **rī** - nē - ē *or* **kä** - rĭ - nī
  nyo͞o - **mōn** - yə

(All are defined in the glossary in the *Teacher's Manual.*)

The leader needs to be certain that participants understand the topics of oral-genital and anal sexual activity. Lesson # 34 offers a good summary regarding these areas. The part of the orientation on transmission and prevention also integrates the medical and moral dimensions related to these sensitive topics.

After all information has been presented, teachers will appreciate the opportunity to ask questions. Because of the nature of the material, questions could be surfaced in small groups for response in a large-group question/answer session, or participants could be invited to submit questions in writing.

RELIGIOUS DIMENSION

Agenda Item #4 Christian Response

Presentation of Key Points

A leader presents the key concepts and attitudes related to Christian response to HIV AIDS (using Transparency F, if desired):

- God created life and loves all people.
- Jesus showed compassion toward the sick and healed many of them, regardless of their past.
- Jesus calls his followers to love chastely, that is, to love unselfishly and responsibly.
- Homosexuality is neither the cause of HIV AIDS nor a cause for disrespect.
- The place of intimate sexual expression is only within a marriage commitment.
- The Christian is called to accept all persons and to assist those in need — including persons with HIV AIDS.

These key points are presented in the first half of Section 2, "Orientation for Teachers and Parents in a Catholic Setting." The leader will want to study and prepare carefully concerning homosexuality, noting the distinction between homosexual orientation and homosexual genital acts (morally unacceptable).

Teachers must sort out their feelings about sexuality, drug abuse, and death. Resistance to HIV AIDS education could arise from concerns and fears about addressing homosexuality in the classroom. Teachers may need to read and understand the official Church statement on homosexuality, *Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons*, Sacred Congregation for the Doctrine of Faith, Rome, 1986.

Teachers should also be sensitive to the fact that parents may be unwilling to acknowledge the possibility that their adolescent children may experiment with homosexuality. Another fact that teachers cannot ignore is the possibility that there may be students in their classrooms who think they may be homosexual or students who have a homosexual family member or friend. Whether heterosexual or homosexual, all students need to have their questions answered in a climate in which the message is reinforced that "it is not who you are that puts you at risk, but what you do."

POLICY DIMENSION

Agenda Item #5 Issues

Inservice should also include an opportunity to address people's attitudes about HIV AIDS. This component is particularly important for teachers who will be responsible for presenting the curriculum. Presenting psychological and social issues allows teachers to again sort out their fears and concerns. At the same time, it presents an occasion for persons infected or affected by HIV to present their fears and concerns.

Psycho-social issues to consider are these:

1. As a sexually transmitted disease, HIV AIDS often brings shame and stigma to the person infected or family members.
2. The person with HIV may have emotional issues to handle: anger, depression, fear, anxiety, sorrow, and death.
3. HIV AIDS involves gradual loss of job, income, insurance, family, friends, independence, and mobility.

Legal issues need to be presented on a federal, state, and local level so teachers are aware of their responsibilities within their system. Many arch dioceses already have policies and procedures in place which should be shared with teachers and staff. Other topics may be "The Right to Privacy," "Rumor Control," and "Handling the News Media." All issues treated in the "Policies and Procedures" section of the Orientation need to be addressed at this time.

CURRICULUM DIMENSION

Agenda Item #6 Basic Considerations for the Teacher

A leader elicits responses from the group to the question, "What advice would you give to the teacher who will begin instruction about HIV AIDS?" Then the leader presents from the "Striving for Balance" and "Setting the Climate" parts of Section 3 any important ideas that were not noted.

OR

Participants read the parts in Section 3 about balance and climate, noting the ideas they believe are most important for them (the printed ideas as well as any other important considerations). They then share these ideas with a small group of persons who teach youngsters at the same level (e.g., junior high).

Continuing in Section 3, a leader can point out the key ideas of "Using the Materials," clarifying how the materials will be used within the local plan. Teachers within the same setting will want to plan some time to assess the previous learning and the needs of their students, their capabilities and levels of maturity as well as the particular concerns of the local community.

It is important that the teachers become familiar with the preliminary material about the student at each level and with the standard elements in each lesson (Objectives, etc.). The leader may wish to refer the teachers to the description of each element given prior to the Scope and Sequence Chart in Section 3, then let them become familiar with the elements in some of the actual lessons.

Agenda Item #7 The Curriculum — a Practical Overview

Additional time will be needed for teachers to study specific lessons, those they will teach as well as preliminary ones. Doing so during the inservice session will assure that some time is given to this study, will allow teachers to discuss lessons with others and will provide immediate attention to their questions or concerns such as:

- how materials will be delayed or advanced for the local students as suggested by the planning group;
- who will teach which lessons;
- preferred scheduling of specific lessons to correlate, if possible, with related areas in religion, science, etc.;
- plan for sharing (if necessary) copies of the suggested lessons;
- available resources for further study.

At this time, participants should view the objectives of each grade level. The following transparencies may be used or the leader may refer to the grade-by-grade list of knowledge, skills, attitudes, and values found at the end of the Orientation in the Teacher's Manual.

- Transparency B — Knowledge, Grades K-6
- Transparency C — Knowledge, Grades 7-12
- Transparency D — Skills, Grades K-12
- Transparency E — Attitudes and Values, Grades K-12

Demonstration of Gradual Development
To demonstrate how the content is developed for various ages, lessons may be demonstrated that develop skills for choosing at various levels, e.g.,

- Lesson # 5 (Grade 1 — identifying safe choices at home and school)
- Lesson # 19 (Grade 5 — using refusal skills related to drug abuse)
- Lesson # 28 (Grade 8 — avoiding behaviors related to any form of HIV/AIDS infection)
- Lesson # 40 (Grade 12 — applying refusal skills to situations students may encounter after graduation)

Teachers need to be aware of the apropriate HIV instruction for grade levels, compare this material with the maturity of their class, and agree upon needed adaptation.

Demonstration of Lesson(s)
Then the leader — or a participant who prepared in advance — demonstrates all or part of at least one lesson; e.g., Lesson # 1 (Kindergarten), # 17 (Grade 5), # 32 (Grade 10), or the first part of # 38 (Grade 12). The other participants can be the "students" for the lesson(s).

Agenda Item #8 Planning for Local/Regional Teacher Support
Prior to the inservice session, the leaders will want to identify local or regional resource persons. During inservice, some plan should be presented to assure teachers that they will have sufficient support. This may be as simple as

- a list of telephone resource persons related to specific areas;
- a schedule of periodic local or regional gatherings of primary, intermediate, junior high, or high school teachers;
- names of instructors who could demonstrate lessons;
- an opportunity to request a followup session with its agenda based on teacher needs.

CONCLUSION

A question/answer period will help to handle any remaining areas of uncertainty. These could be surfaced in small groups for response in a large-group question/answer session, or participants could be invited to submit questions in writing. To give a sense of achievement and completion, the group could review each of the agenda topics and key points they have learned or reinforced.

Transparency A

BASIC MEDICAL INFORMATION

- Definition of AIDS
- Definition of HIV
- Effect of HIV/AIDS on immune system
- Potential stages of HIV infection
- Signs and symptoms of HIV disease
- Testing for HIV antibodies
- The four ways of HIV transmission
- Remoteness of risk related to transfusion
- No risk to blood donors
- Safety precautions related to emergency procedures

Transparency B

KNOWLEDGE

K
- God's love for all people, sick and well
- Some touches — positive signs of affection and affirmation

1
- Jesus' care for the sick
- How to identify who can be trusted

2
- The meaning of "contagious"
- About germs and how they spread

3
- The AIDS virus not caught through children's activities
- Rules that promote health and safety

4
- Three ways children can get the AIDS virus
- Risks in using unsterile needles

5
- Body's immune system and its destruction by the AIDS virus

6
- Four ways AIDS virus is transmitted
- Basic scripture/Church teaching on chastity, sexual intercourse, and homosexuality

KNOWLEDGE

7
- Accurate, sensitive terminology
- Symptoms of HIV infection and AIDS
- Testing for HIV infection
- More about effects of HIV/AIDS

8
- Potential stages of HIV infection
- More detail about four ways HIV infection can be transmitted
- Morality and risk involved in homosexuality and in using condoms

9
- Response of local Catholic community to HIV/AIDS crisis
- More about the immune system
- Safety precautions for handling blood in accidents
- More information about four ways persons can be infected with HIV/AIDS

10
- The effects of HIV and its potential stages of infection
- Possibility that persons with HIV may have no symptoms
- Existence of treatments — not cures
- Distinction between homosexual orientation/activities
- Morality and risk involved with oral and anal sex

11
- Church documents related to HIV/AIDS
- How to prevent spread of HIV/AIDS

12
- How to replace myths about HIV/AIDS with facts

SKILLS

K	• Know how the sick feel
1	• Weigh "safe" and "dangerous" choices
2	• Identify choices as "good" or bad," "kind" or "selfish"
3	• Refuse risky or dangerous behaviors
4	• Deal with peer pressure
5	• Say "no" to illegal drugs
6	• Identify situations that show unconditional love
	• Cope with increasing peer pressure
	• Handle bleeding accidents safely
7	• Help others to know/HIV/AIDS research
8	• Write persuasively about needed compassion and respect
	• Choose responsibly regarding sex, drugs and alcohol
9	• Critique the accuracy of information about HIV/AIDS
	• Apply critical thinking skills to HIV/AIDS-related issues
10	• Assess actions in terms of moral responsibility
11	• Respond as a Christian to the HIV/AIDS crisis
	• Communicate with others how to prevent spread of HIV disease
12	• Minister to persons in need in their own community
	• Apply refusal skills needed after graduation

ATTITUDES AND VALUES

K • Love and care for all people, well and sick

1 • Help of others who are sick

2 • Life, a gift which needs care

3 • Students — good persons, capable of making good choices

4 • Unselfish and responsible love

• God's gift of the body which can be abused by drugs

5 • Compassion toward persons with the AIDS virus or other illnesses

6 • God's unconditional love and imitation of this love toward persons with HIV/AIDS

• Christian stance in regard to experimentation with drugs/sex

7 • Sensitive response to persons with HIV/AIDS and their families

8 • Respect and responsibility for sex and related morality

9 • Personal and communal response to HIV/AIDS

10 • Faithfulness in marriage

11 • Sensitivity to the human issues related to HIV/AIDS

• Importance of supporting HIV/AIDS-related research

12 • Christian concern for the ill person regardless of the cause

CHRISTIAN RESPONSE

- God created life and loves all people.
- Jesus showed compassion toward the sick and healed many of them, regardless of their past.
- Jesus calls his followers to love chastely, that is, to love unselfishly and responsibly.
- Homosexuality is neither the cause of HIV/AIDS nor a cause for disrespect.
- The place of intimate sexual expression is only within a marriage commitment.
- The Christian is called to accept all persons and to assist those in need—including persons with HIV/AIDS.

8 Suggestions for Planning a Parents' Session

HIV/AIDS education for parents may prove invaluable. The development of faith and the fostering of moral discernment have their primary focus in the family. With education, parents will be prepared to meet the challenges of HIV/AIDS — both the moral and medical dimensions.

This section includes three parts:

- Introduction to the Planners;
- Communication with Parents;
- Suggestions for Parent Session.

Introduction to the Planners

A small but broadly representative group can plan how to introduce the HIV/AIDS education program to the parents. The group needs to be sensitive to issues such as parental involvement, approval, adaptation, ownership, and resources for further study.

Parental Involvement

In order for this program to be most effective, the participation of parents is necessary. Parents need clear and accurate information to address their own fears and myths about HIV/AIDS, to help adapt HIV/AIDS education for their community, and to reinforce the education program in their home.

Parental Approval

All parents should attend the parent presentation to learn about the planned program and to study the materials which the teachers will use. If, following this study, any parents formally request that their children be excused from HIV/AIDS education classes, they shall accept the responsibility for providing alternate education on the topic. The local leadership team may wish to offer materials and training to these parents so they may teach their children at home.

Adaptation

A parents' session will need to be adapted to the background and attitude of the parents and the needs of the community. In addition, certain elements within the parents' session and the teaching materials may need additional emphasis or development to meet more effectively the needs of black and Hispanic groups. *One approach will not work in all settings.*

Ownership

Educational leaders should secure the involvement of key parent leaders in both the planning and presentation of this program. An introduction or presentation by committed, informed, and empathetic parents to a group of other parents can be very effective. Where professionals in medicine, counseling, or moral theology live within the community, they should be considered for collaboration in the program.

Parental Resources

It is recommended that copies of the *Teacher's Manual* of *AIDS Education: A Catholic Educational Approach to HIV* as well as other accurate and appropriate materials be made available for review during and immediately following the parent presentation. Distribution of appropriate free materials and provision for parental ordering of the *Teacher's Manual* and other resources would be a genuine service; it will encourage further parent study at home and may be the most practical step to encourage continuing home/classroom collaboration and reinforcement. Examination copies, pamphlets, and order forms will need to be planned in advance.

Review materials — to reflect the religious, educational, and local focus of the session — could include the following:

- Existing arch/diocesan policies related to HIV/AIDS and to AIDS education.
- Current documents from local bishops or from the National Conference of Catholic Bishops;
- *Aids and the Education of Our Children* by William J. Bennett;
- Local resources from AIDS pastoral care agencies, Catholic hospitals, etc. More detail is included in Section 9, "HIV/AIDS Curriculum Resources."

When perusing resources, parents may be reminded that only this curriculum (and perhaps other items which the leaders can identify) are written from the Catholic perspective. The other materials, however, offer basic clear explanations about HIV/AIDS.

Leaders need to avoid materials that assume that normal young people will be sexually active and will abuse drugs. With the help of Section 9, "HIV/AIDS Curriculum Resources," leaders need to offer only those supplementary resources which promote living the Christian vision and which include the values of respect, self-discipline, responsibility, and unselfish love.

Communication with Parents

Communication should include both an invitation and some preliminary information about the parent session.

Invitation

A letter should be drafted which invites parents to a presentation on HIV/AIDS and the curriculum:

1. The letter should come from whoever would be the most effective invitor to this session, e.g., school board president, principal, pastor, director of religious education, etc.
2. The letter should be positive and encouraging, emphasizing that together people can make a positive difference regarding the threat of AIDS and that parents' participation is absolutely necessary for HIV/AIDS education to be effective.

Sample:

LETTER TO PARENTS

Dear Parent,

Undoubtedly you have heard much about HIV infection and AIDS. So have your children. Unfortunately, not all this information is accurate; some of it produces unfounded fears.

To provide accurate information in a value-oriented Catholic setting, ______________ will soon begin a gradual, carefully planned program of HIV/AIDS-related education. To do this effectively, we need your help.

We have identified a program that has been developed by the National Catholic Educational Association with the assistance of scores of health experts, theologians, parents, and Catholic educators. We believe it is appropriate for your child's age and consistent with basic Catholic teaching.

This approach is much more gradual and much more assuring than your youngster's chance encounters with HIV/AIDS information through TV or through peers. Often it will also be much more accurate.

AIDS is a serious threat of epidemic proportions. Working together, however, we can make a positive difference in the lives of our children and those whom they will influence.

To get started, we invite you to learn about the program and to review the actual teaching materials that are proposed. You will also have the opportunity to order materials for your further study at home. Obviously this will be a very important session.

The day and date:
The time:
The place:

In the name of myself and all others who share with you the task of Christian education, I urge you to come to this meeting.

Sincerely,

Enclosure: HIV/AIDS Education: Some Questions and Answers for Parents

Preliminary Information

To deal with any immediate doubts or questions, the communication should include some information about HIV/AIDS education. The planners can judge which specific items will be best included locally. A sample enclosure follows.

Sample:

HIV/AIDS EDUCATION:
Some Questions and Answers for Parents

Why teach about HIV infection and AIDS?

HIV infection and AIDS poses a major threat to health in many countries including ours. Education about this condition and its prevention is a necessary form of effective combat. Every person needs information; in addition, every Catholic should be apprised of moral dimensions and Church teaching about AIDS-related behaviors.

The National Conference of Catholic Bishops has stated:

> The spread of HIV can be controlled by lasting changes in the way people act. We repeat: People need education and motivation, so that they will choose wisely and well.
>
> ("Called to Compassion and Responsibility")

At what age should children learn about HIV/AIDS?

Every area is different, but generally — for the sake of prevention — youngsters should be introduced to AIDS and HIV infection in the intermediate grades, with more detailed information added in later years. Attitudes, of course, can never be shaped soon enough. Some basic lessons about avoiding ordinary contagious diseases like the flu as well as lessons about showing Christian kindness to the sick are appropriate in the very first years of schooling.

Won't such teaching increase fear?

Generally fear is generated more by the unknown than the known. Once youngsters know about HIV/AIDS, they are assured that they can avoid infection. Within Catholic education, students also learn Church teaching which clearly directs against specific immoral behaviors — behaviors which could also lead to infection.

Isn't material about HIV/AIDS available?

Yes, material about HIV/AIDS is available from many sources. Most of this material, however, is designed for adults and focuses on facts. For effective education, youngsters need a simple introduction with gradual development of content and terminology that is appropriate for their age. For total education, young people also need a gradual presentation of the moral dimensions and help in developing skills to make morally good choices.

What will students learn about HIV/AIDS?

Ordinarily students will have three lessons a year focusing on these dimensions:

- Christian Response;
- Basic Information about HIV/AIDS;
- Prevention and Transmission.

Why have a parent session?

As parents you have a right to know what program is planned to teach about this critical issue and to suggest needed adaptation for our community. The session will also provide an opportunity for you to learn or to review both the medical and moral dimensions of HIV/AIDS education. If, after participating in the session, any parent should prefer to assume total responsibility for teaching about HIV/AIDS in the home, arrangements can be made individually.

How can I learn more?

After hearing an overview of the planned instruction, you will be welcome to examine the actual lessons which will be used. In fact, if you wish, you may order a personal copy of the lessons which will be used. In addition, we will have at the meeting a display of various brochures related to HIV/AIDS education.

We urge you to come to the parents' meeting.

Suggestions for Parent Session

Planners should consider in advance the presenters, the aims of the session, the agenda, and the advantages of a take-home handout.

Presenters

Parent leaders are ideal to introduce and coordinate the session; some parents may also be willing and able to present some of the non-technical areas. A team or single presenter with competence in HIV/AIDS-related moral and medical areas would give the basic presentation about HIV/AIDS as well as related moral issues and values-oriented concerns. Parent leaders or teachers would show the gradual progression of objectives, and teachers may demonstrate some student lessons.

Aims of the session

Some common aims are these:

1. to show the current need for HIV/AIDS education;
2. to dispel myths, unfounded fears, and prejudices related to HIV/AIDS;
3. to examine related Gospel values and Church teaching;
4. to explain the program of HIV/AIDS education that is planned for the students;
5. to discuss how parents and teachers can reinforce accurate and positive HIV/AIDS education;
6. to suggest community and national resources which parents can utilize to develop an informed/and moral response to the problem of HIV/AIDS;
7. to invite parent participation at home and to encourage ongoing parent-teacher dialogue about HIV/AIDS education.

Suggested Session Agenda

An agenda for a 2 to 2-1/2 hour session could include items like the following:

5 min.	1. Opening with Prayer
15 min.	2. Introduction
45 min.	3. Content of Planned Program of HIV/AIDS Education • Christian Response • Basic Information • Transmission and Prevention
15 min.	4. Methodology of Planned Program of HIV/AIDS Education
5 min.	5. Home/Classroom Collaboration and Reinforcement
10 min.	6. Summary, Distribution of Take-home Handout, Evaluation of Session, and Closing of Formal Session

Refreshments; Opportunity to Review Program Materials and Other Available Resources

Each component of this suggested session agenda is described below in more detail.

Suggested Session Components

Agenda Item #1 Opening with Prayer
Suggested prayer ideas are included in Section 6.

Agenda Item #2 Introduction
A sample introduction follows.

Sample:

INTRODUCTION TO PARENTS' SESSION

Thank you for coming to this session. Our presence here shows we are concerned for our young people who need to know more about the rapidly growing condition named AIDS. These are the same young people who now face or will soon face great pressures in terms of drugs and sex. These areas — drugs and sex — are also involved in the transmission of HIV, the AIDS virus.

In the past, education about human sexuality and drug use was important — not only morally, but also because of the threat of sexually transmitted diseases (STD's) and the potential effects of drugs. Today such education is even more vital to our youth — not only morally in an increasingly amoral culture — but also because of HIV infection which is a matter of life and death.

Because one means of HIV transmission is sexual, some of our focus will be on that area. We should begin by recalling that the Church demonstrates a positive attitude toward sexuality and emphasizes values such as

- the dignity of each human person, made in God's image;
- the beauty of a committed relationship in marriage;
- the gift of life through procreation;
- the capability of each person to make and follow responsible value choices;
- the need for positive, Christian education in human sexuality;
- the importance of extensive parental involvement in programs of human sexuality.

(The leader may wish to use Transparency G to highlight these values.)

Within this positive framework, we can shape our own program. We can decide whether we need to accelerate value-oriented learning to combat early street learning or whether our youngsters — although they are open to the same media influences — can maintain a slower pace in treating these issues. We believe we have planned a program that is suited to our area, but remain open to your response and suggestions.

The fact is that youngsters will learn much in their contacts where we have no control — beyond the home and classroom. Our task as parents and educators is to be certain that our youngsters have accurate learning in a moral context and a place where they can discuss openly the related issues of sexuality and drugs.

Tonight we will increase our own knowledge about HIV/AIDS, learn about the program of HIV/AIDS education planned for our children, and discuss how we — as teachers and parents — can reinforce accurate and positive HIV/AIDS education in a Christian context.

Agenda Item #3 Content of Planned Program of HIV/AIDS Education

Although the content must be presented clearly, it would be explained briefly and in general terms, with considerably less detail than in the teachers' inservice session. Throughout the session, leaders could mention that the *Teacher's Manual* or other resources can provide more details to those who are interested.

The presentation may be organized according to the three categories of student learning objectives:

- Christian Response;
- Basic Information;
- Transmission and Prevention.

CHRISTIAN RESPONSE

The key points related to Christian Response are presented in the first half of Section 2, "Orientation for Teachers and Parents in a Catholic Setting." The presenter may wish to use Transparency F to present or summarize these key points:

- God created life and loves all people.
- Jesus showed compassion toward the sick and healed many of them, regardless of their past.
- Jesus calls his followers to love chastely, that is, to love unselfishly and responsibly.
- Homosexuality is neither the cause of HIV/AIDS nor a cause for disrespect.
- The place of intimate sexual expression is only within a marriage commitment.
- The Christian is called to accept all persons and to assist those in need — including persons with HIV/AIDS.

BASIC INFORMATION — TRANSMISSION AND PREVENTION

This portion of the parent session is vital to successful HIV/AIDS education. National polls show that many people are misinformed about the means and risks of HIV transmission.

In order to educate their children, parents must be equipped with accurate medical information. Parents must confront their feelings about HIV/AIDS and be prepared to respond to this epidemic in an educated moral way.

The key points related to Basic Information and Transmission/Prevention are treated in the orientation. The pages summarize the medical facts about HIV/AIDS and the related Catholic moral teaching.

The presenter(s) may wish to use transparency masters from the *Teacher's Manual* or to refer briefly to the content of related student lessons.

These points of basic information may be presented or summarized using Transparency A:

- Definition of AIDS (Transparency # 18a)
- Definition of HIV (Transparency # 24a)
- Effect of HIV/AIDS on immune system (Transparencies # 18b and # 18c)
- Potential stages of HIV Infection (Transparencies # 24b and # 27c)
- Signs and Symptoms of HIV Infection (Transparency # 24c and Handout # 33)
- Testing for HIV (Transparency # 24d)
- The four ways adults can transmit the AIDS virus (Transparency # 21a or # 28b)
- Remoteness of risk related to transfusion (Lesson # 28)
- No risk to blood donors (Lesson # 28)
- Safety precautions related to emergency procedures (Lesson # 22 and Universal Precautions, immediately preceding the Glossary)

Questions about content may be entertained at this time. If a break is planned, questions could be submitted in writing. This would help hesitant participants to ask questions and would allow leaders to answer similar questions with one response.

Agenda Item #4 Methodology of Planned Program of HIV/AIDS Education

Parent sessions should include an overview of the curriculum, *AIDS: A Catholic Educational Approach to HIV*. This will let parents know that the curriculum treats this sensitive issue of HIV/AIDS in both a compassionate and professional way.

Parent leaders (or teachers) may show the gradual progression of objectives, and teachers may demonstrate some lessons on varying levels.

One example of gradual development:
  meaning of "contagious" in Lesson # 8 (Grade 2);
  three ways *children* can get the AIDS virus in Lesson # 15 (Grade 4);
  four ways the AIDS virus is transmitted in Lesson # 21 (Grade 6);
  the stages of infection in Lesson # 27 (Grade 8).

Another example of gradual development:
  "safe" or "dangerous" in Lesson # 5 (Grade 1);
  refusal skills in Lesson # 12 (Grade 3);
  hazards and morality of any sexual or drug experimentation in Lesson # 19 (Grade 5);
  morality and physical risk involved in intercourse outside of faithful marriage in Lesson # 28 (Grade 8);
  morality and physical risk involved in using condoms in Lessons # 28 and # 34 (Grades 8 and 10).

Questions about how the program will be presented would be appropriate at this time.

Agenda Item #5 Home/Classroom Collaboration and Reinforcement

Participants discuss how they can assure the needed level of dialogue and mutual support.

In the "Introduction to Planners," specifically within "Parental Resources," leaders were urged to make available for review some copies of the *Teacher's Manual* of *AIDS: A Catholic Educational Approach to HIV* as well as other accurate and appropriate HIV/AIDS materials. This would be the ideal time to urge parents to review the materials immediately after the formal session.

If arrangements have been made for parents to order personal copies of some of the material, the ordering service can be described at this time, encouraging further study at home as a very practical step to strengthen home/classroom collaboration and reinforcement.

Agenda Item #6 Summary, Distribution of Take-Home Handout, Evaluation of Session, and Closing

The leaders would consider and select from standard approaches for summarizing and evaluating the session. Prayer ideas are included in Section 6. At this time it may also be appropriate to reinforce the church's teaching on sexuality (Transparency G).

Leaders need to consider seriously the advantages of a take-home handout. When treating unfamiliar terms and content, the distribution of written materials can avoid confusion, confirm the ideas that were presented within a session, and help participants to share information with non-attending adults in the family. Leaders who purchased this curriculum may duplicate for parents the pages of Section 2, "Orientation for Teachers and Parents in a Catholic Setting," for distribution at the close of the meeting.

Distribution of this material *prior* to the session, which may lessen personal attendance, is *not* recommended. Advance communication can focus most effectively on the importance of HIV/AIDS education and the need for parental participation.

Refreshments; Opportunity To Review Program Materials and Other Available Resources

Refreshments immediately following the parents' session will encourage participants to remain to review the materials and to consider ordering resources for further study at home.

CHURCH'S POSITIVE VALUES

The Church

demonstrates a positive attitude toward sexuality
and
emphasizes values such as

- **the dignity of each human person, made in God's image;**
- **the beauty of a committed relationship in marriage;**
- **the gift of life through procreation;**
- **the capability of each person to make and follow responsible value choices;**
- **the need for positive, Christian education in human sexuality;**
- **the importance of extensive parental involvement in programs of human sexuality.**

9 HIV/AIDS Curriculum Resources

Catholic leaders and teachers must keep abreast of new findings and developments related to the virology of HIV, new treatments for HIV-related diseases and local and national statistics. Ideally each arch/diocese would establish a process by which information is verified and disseminated to schools and religious education programs.

Selection and Intent

In selecting the following resources, the NCEA AIDS Education Task Force applied — as far as possible — the following criteria:

1. consistent with, not opposed to Catholic teachings, values, and tradition;
2. accurate;
3. readily available (U. S. sources).

Few resources integrate HIV/AIDS education within the Catholic tradition. Most require the addition of clear Christian principles and Catholic teaching. The Task Force has tried to identify accurate, available resources that — although they may be deficient by themselves — can be used well in concert with *AIDS: A Catholic Educational Approach to HIV*.

Many of the listed items can serve as valuable resources to teachers who wish to understand more about the condition of HIV infection and AIDS, the immune system, the effect of HIV/AIDS upon persons and their families, etc. The Task Force has studied many other resources but judged them deficient in at least one of the above criteria.

Despite efforts to select resources according to the above criteria, NCEA does not endorse any organization or any printed or audio-visual material included here. Even when organizational policies are acceptable, it is possible that some representatives may contradict Church teaching.

This is simply a reference list. NCEA urges that any material that is considered for use with students or other groups be previewed and critiqued in advance, keeping in mind the education and maturity of the intended audience.

Included in the Annotated List of Resources:

- Church Documents and Other Statements from Catholic Sources;
- Books, Booklets, Pamphlets, Special Issues and Reports;
- Audio-Visual Programs;
- Bibliographies and Catalogs;
- HIV/AIDS-Related Organizations and Hotlines;
- State health departments and education departments.

This list is provided to assist in the implementation of the curriculum, *AIDS: A Catholic Educational Approach to HIV*. It is not an all-inclusive list. New information is being constantly released as medical experts learn more about the scope of the HIV/AIDS epidemic, the progression of HIV infection, and the promise of new treatments.

Annotated List of Resources

Church Documents and Other Statements from Catholic Sources:

"A Call to Compassion: Pastoral Letter on AIDS" by California Bishops. California Catholic Conference. Reprinted in *Origins*, Vol. 16(45), April 23, 1987.
Moved by the AIDS crisis in California, the California bishops reflect about Christian response to illness and the need to dispel irrational fears. They recommend prayer, companionship and temporal assistance, special preparation for ministry to homosexual persons, non-judgmental and sensitive care, special concern for pregnant women and for families of those affected by HIV/AIDS.

"A Challenge and a Responsibility," Pastoral Statement on the Church's Response to the AIDS Crisis by Joseph Cardinal Bernardin. Archdiocese of Chicago. Reprinted in *Origins*, Vol. 16(22), pp. 383-85, November 13, 1986. (In Section 4 of *Teacher's Manual*)
Beginning with the story of Stephen, a young man who died of AIDS, Cardinal Bernardin presents HIV/AIDS as a challenge to individuals who follow the Gospel, to society as a whole, and to the Church.

Address to the AIDS Victims at Mission Dolores Basilica by Pope John Paul II. Reprinted in *Origins*, Vol. 17(18), pp. 313-4, October 15, 1987. (Selection in Section 4 of *Teacher's Manual*)
Speaking to a gathering including persons with AIDS and their families on September 17, 1987, Pope John Paul II first notes that the life of the city's patron, St. Francis of Assisi, clearly models the everlasting love of God. Then he assures every person — including those suffering from HIV/AIDS — of the all-embracing love of God, despite one's human weaknesses and needs.

"AIDS Policy for New Jersey Dioceses," Policy Statement by New Jersey Bishops. New Jersey Catholic Conference. Reprinted in *Origins*, Vol. 17(7), pp. 101-4, July 2, 1987.

This statement reflects the policy on HIV/AIDS approved by the bishops of New Jersey. Using current medical knowledge as a basis, the policy focuses primarily on the four relationships of the Church to individuals: as pastoral minister, as employer, as educator, and as social service provider.

"AIDS: Time for a Moral Renaissance" by Basil Cardinal Hume. London Times, January 7, 1987. (In Appendix of *Teacher's Manual*)
Cardinal Hume considers HIV/AIDS as a symptom of something deeper and more deadly, as one of the disastrous consequences of promiscuous behavior. Condoms and free needles can make people think that a potentially lethal life style can, with precautions, be made safe. The only solution is to rebuild society's attitudes and values toward the gift of human love, toward committed marriage and family life, and to the radical ideal of self-discipline.

***Called to Compassion and Responsibility: A Response to the HIV/AIDS Crisis* by National Conference of Catholic Bishops. USCC Publishing Services, 3211 Fourth St., N.W., Washington, DC 20017, 800-235-USCC, 1990.**
The text approved by the body of United States bishops in November, 1989, issues five calls: to compassion, to integrity, to responsibility, to social justice, and to prayer and conversion.

***Homily by Most Reverend John Roach, D.D.*, Archbishop of St. Paul and Minneapolis, former President, National Conference of Catholic Bishops, delivered at the National Catholic HIV/AIDS Ministry Conference, June 30, 1991. National Catholic AIDS Network, P.O. Box 10092, Washington, DC 20018.**
Reflecting on Mark 5:21-43, Archbishop Roach expresses appreciation and encouragement for those men and women who minister to persons with HIV/AIDS.

***Human Sexuality: A Catholic Perspective for Education and Lifelong Learning* by United States Catholic Conference. USCC Publishing Services, 3211 Fourth St., N.W., Washington, DC 20017, 800-235-USCC, 1991.**
This book provides an understanding of sexuality based upon traditional Catholic teachings and a positive image of human sexuality as a unique gift from God. Topics include chastity; moral decision making; personal discernment; marriage preparation; personal, interpersonal, and procreative concerns; and sexuality education.

***Letter to the Bishops of the Catholic Church on the Pastoral Care of Homosexual Persons* by Sacred Congregation for the Doctrine of the Faith, USCC Publishing Services, 3211 Fourth St., N.W., Washington, DC 20017, 1986.**
Because the issue of homosexuality has entered the public forum, the Congregation addresses the complex issue within the context of the Catholic moral perspective supporting pastoral care, emphasizing the distinction between the homosexual orientation and homosexual actions, clearly stating that homosexual activity is not a morally acceptable option, noting the consistency of Scripture, Tradition, and the Magisterium in this regard, condemning the expression of any malice toward homosexual persons, and affirming their personal dignity.

"Ministry to AIDS Victims," Pastoral Letter by Bishop Francis Quinn, Diocese of Sacramento, California. Reprinted in *Origins*, Vol. 16(12), p. 224, Sept. 4, 1986.
This document reflects at length on how Jesus ministered to the suffering, never equating sin with disease. Parallels are drawn to the follower of Christ and the person with AIDS. After reviewing HIV/AIDS facts, the letter proposes practical suggestions for diocesan response.

"Nurturing the Church and Society," presentation by Rev. Richard P. McBrien, Professor of Theology, University of Notre Dame, delivered at the National Catholic HIV/AIDS Ministry Conference, July 1, 1991. National Catholic AIDS Network, P.O. Box 10092, Washington, DC 20018.
This presentation focuses on the concept that all persons are sacraments of Christ. The celebration of sacraments is for the Church both an act of nurturing and an occasion of being nurtured.

"Prevention of AIDS." *L'Osservatore Romano*, March 10, 1988. Reprinted in *Origins*, Vol. 17(41), pp. 707-8, March 24, 1988.
This article underscores the right of persons with AIDS to needed help and to personal dignity, emphasizes the need for prevention (specifically by abstaining from sexual activity outside of marriage and from drug abuse), notes that spiritual health contributes to physical health and vice versa, and states that using prophylactics to avoid contagion is not only untrustworthy technically, but also and above all unacceptable from a moral point of view.

"Recommended Guidelines for Teaching about AIDS and Contraceptives in the Diocese of Cleveland." Diocese of Cleveland, 1027 Superior Avenue, Cleveland, OH 44114, April 3, 1987.
These guidelines suggest five general steps for teaching or counseling which presenters would use as a basis, expanding the material as appropriate to the group.

Books, Booklets, Pamphlets, Special Issues and Reports:

***AIDS: A Catholic Call for Compassion* by Eileen P. Flynn. Sheed & Ward, P. O. Box 414292, Kansas City, MO 64140, 800-333-7373. (1985)**
This book encourages moving from fear to reason and charitable concern. The author discusses the disease, social responses, and care of persons with AIDS as well as her personal reflection on Catholic moral teaching about homosexuality and HIV/AIDS. She concludes with an agenda for action.

***AIDS: A Program for Catholic Schools* by Institute for Catholic Education. Distributed in U. S. through ACTA,**

4848 N. Clark St., Chicago, IL 60640, 312-271-1030. (1987)
This program, developed in Ontario, frequently includes Canadian references and resources as it presents HIV/AIDS within the vision of the Church. Materials include *A Teacher's Guidebook and Resource Materials* for Grades 7-10, *Lessons (three) and Masters* for Grades 7-8, and *Lessons (three) and Masters* for Grades 9-10.

AIDS and the Education of our Children: A Guide for Parents and Teachers **by U. S. Department of Education, William J. Bennett, Secretary. Up to 25 copies free to educators from Consumer Information Center, Dept. ED, Pueblo, CO 81009. (Revised 1988)**
Approach basically parallels the one advocated by the church, emphasizes parental values and responsible sexual behavior based on marital commitment and fidelity. The language is moral and the message about responsibility makes sense. Includes the U. S. Public Health Service Recommendations for Education and Foster Care of Children, the guidelines developed by the Centers for Disease Control to help local groups develop their own guidelines.

AIDS and Young People **by Robert Redfield, M.D., and Wanda Kay Franz, Ph.D. Regnery Gateway, 1130 17th Street, N.W., Washington, DC 20036. (1987)**
This 32-page publication, intended for youth, presents HIV/AIDS information in a clear and non-technical way. Part 2, "Self-Respect and Freedom from AIDS," emphasizes that abstinence from sex and drugs are the only safe approaches. It is consistent with Catholic moral teaching on sexual behavior.

AIDS and Your World. **Scholastic, Inc., P. O. Box 7501, Jefferson City, MO 65102. (1988)**
This textbook for secondary school students approaches the topic by focusing on people who have AIDS, who work with persons with AIDS, and who have studied AIDS. It extends beyond information to attitudes. The editorial stance is to encourage abstinence, but not to assume that all students practice it. The section on condoms recognizes the fact that many religious groups object to condoms on moral grounds.

AIDS: Ethics and Public Policy **by Christine Pierce and Donald VanDeVeer. Wadsworth Publishing Co., Belmont, CA 94002. (1988)**
This collection of articles relating to the historical dimensions of AIDS and issues within the public arena would introduce the reader to ethical considerations as they relate to public policy.

AIDS: Impact on the Schools **by Roberta Weiner. Education Research Group, 1300 North 17th Street, Arlington, VA 22209. (1986)**
While not written from a Catholic perspective, this special report discusses the need for HIV/AIDS education and the effect of AIDS on schools. It gives case studies of how two school systems have responded to the AIDS crisis, discusses litigation, makes recommendations.

AIDS: Sexual Responsibility and Ethics. **Religious Education Business Office, 409 Prospect St., New Haven, CN 06511-2177. Also available on microfilm from University Microfilms, P. O. Box 1346, Ann Arbor, MI 48106. (1986)**
This special issue of *Religious Education* (Vol. 83, Number 2; Spring, 1988) focuses on the teaching of sexual responsibility and ethical decision-making through an exploration of the moral problems related to the AIDS pandemic. A variety of authors treat these issues; appropriate for the professional religious educator.

AIDS: The Spiritual Dilemma **by John E. Fortunato. Harper. (1987)**
The author, a Catholic psychotherapist who has written widely about HIV/AIDS and gay issues, addresses the spiritual dilemma of AIDS and analyzes the realities of eternal life. He discusses attitudes and care extended toward persons with HIV/AIDS, especially those who are homosexual. He frequently refers to fifteen friends who died with AIDS and to quotations from varied Christian writings. This book may be helpful to teachers in assessing their own attitudes about HIV/AIDS.

AIDS: Understanding and Prevention **by Linda Meeks and Philip Heit. Merrill Publishing, P. O. Box 508, Columbus, OH 43216. (1988)**
This book for Grades 9 and up, part of The Merrill Wellness Series, has teacher and student editions with basic information about HIV/AIDS and its various consequences. It discusses risk behaviors, stresses responsible decisions to practice sexual abstinence and to be drug free, includes factual information about condoms and their limited effectiveness. See also *AIDS: What You Should Know.*

AIDS: What You Should Know **by Linda Meeks and Philip Heit. Merrill Publishing, P. O. Box 508, Columbus, OH 43216. (1988)**
This book for Grades 5 and up, part of the Merrill Wellness Series, has teacher and student editions which provide factual information on the AIDS virus, the immune system, on risk situations, tests, symptoms, and treatment. This level stresses life management skills including sexual abstinence and freedom from illegal drug use, gives examples of refusal skills, offers clear explanations with pictures and diagrams. See also *AIDS: Understanding and Prevention.*

A Beginning: Resource Book for Incorporating Values and Church Teaching in the Catholic School Curriculum **by Mary Leanne Welch, PBVM. National Catholic Educational Association, Suite 100, 1077 30th St., N.W., Washington, DC 20007-3852, 202-337-6232. (1990)**
This book provides methods, background, and resources to disseminate Gospel values throughout the entire curriculum of the Catholic school. Several aspects are considered in the processes of moral development: what is taught, how it is taught, and the teaching environment.

Catholic Morality: Guidelines for Christian Living **by Ronald J. Wilkins and Mary E. Gryczka. Wm. C. Brown Company Publishers, 2460 Kerper Blvd., Dubuque, IA 52001, 800-922-7696. (1988)**

This high school text, though it directly treats AIDS briefly, offers very helpful background in its two major parts: "What Is Morality?" and "Becoming Morally Responsible."

***Deciding: Moral Decision Making for Christians* by Michele McCarty. Brown Publishing-ROA Media, 2460 Kerper Blvd., Dubuque, IA 52001, 800-922-7696. (1991)**
This book offers teachers, parents, and high school students a readable, practical text with a variety of case studies and discussion questions. The publication presents topics like the dilemma of deciding, person-centered morality, conscience, and Christian moral principles as well as guidelines for making moral decisions.

"The Ethical Response to AIDS" with articles by Michael D. Place, William C. Spohn, Richard A. McCormick, and John P. Hale. *America*, Vol. 158, No. 6, February 13, 1988.
This special issue on AIDS offers an informed consideration of HIV/AIDS from an ethical standpoint — in terms not only of personal morality but of public policy.

***The Gospel Alive: Caring for Persons with AIDS and Related Illnesses* by Catholic Health Association and the Conference of Major Religious Superiors of Men's Institutes. Catholic Health Association, 4455 Woodson Road, St. Louis, MO 63134, 314-427-2500. (1988)**
This document presents the HIV/AIDS epidemic as a moment of grace within the Church, an opportunity for the Gospel to come alive. Treats facts, theological considerations, Church and society, caring for persons, the health care community, ethical guidelines, and legal implications.

***The Guide to Living with HIV Infection* by John G. Bartlett, M.D., and Ann K. Finkbeiner. Johns Hopkins University Press, 701 West 40th St., Baltimore, MD 21211-2190, 410-516-6960. (1991)**
This book discusses emotional and social issues in the words of real people affected by HIV infection. It can serve as a valuable resource for teachers, especially through a glossary which includes the names of the conditions associated with HIV infection, the tests to diagnose them, and the drugs used to treat them.

***HIV Early Care, AMA Physicians' Guidelines.* American Medical Association, Division of Health Science, 515 North State St., Chicago, IL 60610, 312-464-5563. (1991)**
This sixteen-page publication by AMA, intended for primary care physicians, is a good resource for identifying treatment and intervention of HIV-related medical, psychological, and social conditions. Information is technical and concise.

***How To Help Your Child Say "No" to Sexual Pressure* by Josh McDowell. Word Books, 4800 West Waco Drive, Waco, TX 76796. (1987)**
Written by a representative for Campus Crusade for Christ, this book focuses on the root causes of the adolescent sexuality crisis and their treatment by means of positive self-image, modeling, and Christian values.

"Let's Talk." Easton Publishing Co., P. O. Box 1064, Jefferson City, MO 65102, 314-635-0609.
This pamphlet is designed to help youth make good decisions. It discusses the problems of teen pregnancy, venereal disease, abortion, and contraception, then gives reasons for practicing chastity.

***Teaching about AIDS* by Eileen P. Flynn. Sheed & Ward, P. O. Box 414292, Kansas City, MO 64141-4292, 800-333-7373. (1988)**
This text, designed for teachers in a Catholic setting, contains historical, medical, and moral background; two sample lectures for parents; four lesson plans for Grades 6-8; and four lesson plans for Grades 9-12. Some of the material treats social responsibility and human rights.

***U. S. Surgeon General's Report on AIDS* by Dr. Everett Koop. U. S. Public Health Services, U. S. Department of Health and Human Services. Single copy from 800-342-AIDS or bulk orders from 800-458-5231. (1986)**
This is a basic resource about the virus, its signs and symptoms. Written for a broad spectrum of people in the U. S., it advocates teen-age abstinence from sex and drugs, but also mentions condoms in factual, clinical terms for use by a couple if one partner could possibly have the AIDS virus.

***What Works: Schools Without Drugs.* U. S. Department of Education. Free copy by writing Consumer Information Center, Dept. ED, Pueblo, CO 81009 or by calling 800-624-0100 outside of the District of Columbia area or 732-3627 in Washington, DC (1986)**
This booklet recommends varied approaches for implementing drug abuse prevention programs. It also presents information on how parents and teachers can recognize when students are using drugs. Includes list of resources and organizations.

***Why Wait? What You Need to Know About the Teen Sexuality Crisis* by John McDowell and Dick Day. Here's Life Publishers, P. O. Box 1576, San Bernardino, CA 92402. (1987)**
Written by the co-founders of a Christian learning center, this book treats the media's distortion of views about love and sex, what youth desire most in a relationship, reasons to wait, and how to cope with the pressure.

***Yes You Can!* A Guide for Sexuality Education That Affirms Abstinence Among Young Adolescents. Search Institute, 122 West Franklin Avenue, Minneapolis, MN 55404. (1987)**
This guide contains a series of papers on topics such as affirmation and prevention; problems associated with adolescent sexual activity; an overview of normal sexual development; involvement of parents and community, etc.

Audio-Visual Programs:

***A Is for AIDS* (15 min. video). Perennial Education, Inc.; available from the Altschul Group, 930 Pitner Ave., Evanston, IL 60602, 312-328-6700. (1988)**

An unusual talking dog explains basic facts about AIDS to three children. He introduces a child who has the AIDS virus, emphasizing how her friends can safely play with her. Although directed to young children, the video includes "having sex with an infected person" as one way to get the AIDS virus. Ways one can't get the AIDS virus are mimed. Shows a school which includes a student with the virus. A trip inside the body shows how the virus attacks the immune system.

***AIDS: A Topic for Life* (35 min. video). Awakening Productions. Catholic Communications Department, Archdiocese of Denver, P. O. Box 6448, Denver, CO 80201, 303-279-4464.**

This video is placed in a Catholic setting and presents Church teaching. The principal offers a very positive explanation of chastity, and the hospice worker raises an important point in talking about "people" — rather than "victims" — with HIV/AIDS. The mechanical responses of some of the students could weaken the credibility of the message and the portrayal of bedside care may de-humanize persons with HIV/AIDS.

***AIDS: Medical, Moral, and Ministerial Dimensions* (30 min. video) by Catholic Education Center, Archdiocese of St. Paul and Minneapolis. Wm. C. Brown, 2460 Kerper Blvd., Dubuque, IA 52001, 800-922-7696. (1987)**

This video with study guide and student booklets presents a medical description; the ethical and moral context including Christian attitudes, values, and behavior; and the social justice need to have open minds and hearts. Recommended for high school students and adults.

***AIDS: Suddenly Sex Has Become Very Dangerous* (21-30 min. each video). Goodday Video, P. O. Box 111, Cuero, TX 77954, 800-221-1426.**

This series consists of three video tapes (one version for youth, one for teachers and parents, one medical tape), posters, student and parent leaflets, and teacher's booklet. It presents sexual abstinence as the only sure way that a young person will not contract HIV/AIDS.

***AIDS: What Can We Do To Help?* (120 min. video in three segments). Developed in conjunction with the Center for Development in Ministry, Archdiocese of Chicago. ACTA Publications, 4848 N. Clark St., Chicago, IL 60640, 312-271-1030.**

This training videotape for Catholic parish and school staffs offers a series of three lectures: 1) medical facts by a specialist in infectious disease; 2) psychological issues by a director of chemical dependency programs and professor of psychiatry; and 3) pastoral aspects by a Mennonite minister and Director of the Pastoral Care Network of Chicago.

***Behind the Mask* (27 min. video). Archdiocese of St. Paul and Minneapolis AIDS Ministry Program in conjunction with Riverside Medical Center, 25th Ave. S., Minneapolis, MN 55454, 612-337-4345. (1988)**

This video is clear and informative for general audiences. It addresses issues of people who are infected or affected by HIV/AIDS within a Christian perspective.

***Beyond the Labels: The Human Side of AIDS* (24 min. video). Catholic Health Association, 4455 Woodson Road, St. Louis, MO 63134, 314-427-2500. (1988)**

This video for high school and adult audiences offers a close look and very moving dialogue with men, women, and children who have the AIDS virus or who care for those with HIV/AIDS. It helps in handling fear, denial, compassion. Named best documentary film by Catholic Audio Visual Educators.

***Decisions, Decisions* (filmstrip/cassette with 10 parts, each 7-10 min.). Treehaus Communications, P. O. Box 249, Loveland, OH 45140. (1981)**

This resource, available in many diocesan resource centers, offers a moral values program for junior high level. Includes parts such as "Making Up Your Mind," "Holding to Beliefs," and "Life, Liberty, Happiness."

***The Great Chastity Experience* (23 min. video). Paulist Productions, P.O. Box 1057, Pacific Palisades, CA 90272, 800-624-8613. (1985)**

A high school couple decide to change their pattern of interaction, shifting their focus from sex to other activities and discover that they are getting to know each other better because of the change.

***In God's Image* (20-part video program, average about 15 min. each). Teleketics from Franciscan Communications, 1229 S. Santee St., Los Angeles, CA 90015, 800-421-8510 or 213-746-2916 or from Wm. H. Sadlier Inc., 7 Pine St., New York, NY 10005, 800-221-5175. (1989)**

This series includes four video presentations which support varied concepts within AIDS education:

In Volume 3 — "It's OK To Say No" (14:35) about assertive ways to say No to drugs, alcohol, and pre-marital sex;

In Volume 4 — "Consequences" (22:30) about Venereal Disease and AIDS; "Homosexuality: The Christian Attitude" (10:45); "Birth Control/Self Control" (9:15) about the what and why of the Church's teaching regarding contraceptives as well as natural family planning.

***Interruption of the Journey* (22 min. video). Mona Smith Productions. Archdiocese of St. Paul and Minneapolis AIDS Ministry Program, c/o Bill Kummer, 314 Hennepin Ave., Suite 915, Minneapolis, MN 55401, 612-340-0618. (1991)**

This video presents a personal sharing of the spiritual journey of six persons with HIV/AIDS and provides insights about how the disease affects everyone. The theme of hopefulness and the quality of life runs throughout the presentation. May be used with high school students and adults, especially pastoral care providers.

***Intimacy: No One Night Stand* (30 min. video). Wm. C. Brown, 2460 Kerper Blvd., Dubuque, IA 52001, 800-922-7695.**

Beginning with an updated vignette of the Prodigal Son story, this program explores the meaning of intimacy, how sexuality is interconnected with the need for intimacy, and how Jesus mirrored the intimate love of God. Students are helped to see that intimacy is based on getting to know people, communicating, praying together, sharing and having fun.

Learning To Be Assertive **(27 min. video). AIMS Media, 6901 Woodley Ave., Van Nuys, CA 91406-4878, 800-367-2467.**
This film and video for intermediate and secondary levels explores basic skills needed to deal with difficult people and situations, and leads students to greater self-confidence and self-esteem.

Let's Talk about Responsibility **(2 filmstrips & cassette). Sunburst Communications, 101 Castleton St., Pleasantville, NY 10570-9905, 800-431-1934.**
This program for intermediate through junior high levels investigates the consequences, with a focus on the levels of responsibility, how it develops, and to whom it extends.

Making Decisions **(filmstrip & cassette). Random House Media, Dept. 442, 400 Hahn Road, Westminster, MD 21157, 800-638-6460.**
Part of the "Personal Enrichment Series," this program is designed to demonstrate that "no decision" is in itself a decision. For intermediate through junior high.

My Son, My Son **(14 min. video). Teleketics from Franciscan Communications, 1229 S. Santee St., Los Angeles, CA 90015, 800-421-8510 or 213-746-2916.**
This moving film tells the story of two fathers and two sons. As it treats the topics of homosexuality and AIDS, it illustrates for parents and other mature viewers the need for understanding compassion.

One of Our Own: A Story about AIDS in the Workplace **(30 min. video). Dartnell, 4660 Ravenwood, Chicago, IL 60640, 800-621-5463. May be available on free loan from local American Red Cross Chapter.**
This video presents a story about how a small company deals with HIV/AIDS when a worker becomes infected. It is insightful and positive. Appropriate for teachers, especially those responsible for high school lessons about social issues.

Too Little Too Late **(30 min. video). Fanlight Productions, 47 Halifax St., Boston, MA 02130, 617-524-0980. (1987)**
Documentary shows several families as they recall the progression of HIV/AIDS in their loved one, their own frustrations and grief at the person's death. Shows the need for support and introduces Mothers of AIDS Patients (MAP). Includes discussions about homosexuality and conversations with homosexuals. For mature viewers.

Understanding and Preventing AIDS (8 min. video) **by Colman Communications Corporation. Wm. C. Brown/Roa Media, 2460 Kerper Blvd., Dubuque, IA 52001, 800-922-7696.**
This video clearly and effectively tells the basic story of HIV/AIDS in less than ten minutes — giving some scientific information, dispelling some myths, and discussing sexual abstinence among teens. Although designed for Grades 5-9, the video would present a succinct introductory overview of HIV/AIDS for parents or teachers.

Valuing Values: Sexuality Education in the Catholic Tradition (three 60-minute videotapes) **by Rev. John E. Forliti. Wm. C. Brown Company, 2460 Kerper Blvd., Dubuque, IA 52001, 800-922-7696. (1986)**
A video-assisted family life education curriculum for Catholic parents and teens, this curriculum presents basic information appropriate for adolescents and promotes the sharing of beliefs and values between parents and adolescents. Four types of teaching tools assist the process: 1) 23 video lessons; 2) a teacher's manual with detailed outlines; 3) a parent handbook; and 4) a set of masters for handouts. Lesson 13, "Staying Healthy (Sexually Transmitted Diseases)" contains a brief section on AIDS.

Bibliographies and Catalogs:

(Because catalogs list a multitude of separate resources, each item could not be measured against the NCEA criteria. The reputable sources of the catalogs should guarantee accuracy and availability; leaders will need to review any item considered for use, assessing its consistency with Catholic tradition.)

"AIDS and School Children." **ERIC Clearinghouse on Counseling and Personnel Services, 2108 School of Education, University of Michigan, Ann Arbor, MI 48109-1259.**
This two-page fact sheet briefly summarizes selected documents in the ERIC database on HIV/AIDS, describes student-related aspects of AIDS, reviews legal aspects of school attendance, and reprints recommendations of the Centers of Disease Control.

AIDS Educator: A Catalog of AIDS Educational Materials. **San Francisco AIDS Foundation, P. O. Box 6182, San Francisco, CA 94101-6182, 415-861-3397. (1987)**
This catalog includes a wide variety of resources developed by the San Francisco AIDS Foundation and other organizations, arranged according to their topics and target audiences. Includes ordering information.

"AIDS School Health Education Database," a subfile of the *Combined Health Information Database* (CHID). CHID is available through BRS Information Technologies, 1200 Route 7, Latham, NY 12110, 800-345-4277. Many libraries subscribe to BRS. For more information or for a hard copy (updated quarterly), contact the CDC, AIDS School Health Education Database, Atlanta, GA 30333, 404-639-3492 or 404-639-3824.
Produced by the Center for Health Promotion and Education (CHPE) at the Centers for Disease Control (CDC), the database organizes the various resources that are being produced related to the education of children and youth about HIV/AIDS.

The America Responds to AIDS (ARTA) Catalog, available by calling the National AIDS Hotline, 800-342-AIDS, U.S. Dept. of Health and Human Services, Public Health Service, and Centers for Disease Control.
A comprehensive listing of the publications and educational materials produced by ARTA and distributed free of charge by the Centers for Disease Control's National AIDS Information and Education Program (NAIEP) through the National AIDS Information Clearinghouse (NAIC). The Catalog includes pamphlets, brochures and guides, posters, displays, and foreign language publications. The materials in the Catalog were developed and produced by NAIEP, other U.S. Public Health Service agencies, and the American Red Cross.

NOTE: *An important medical authority on HIV/AIDS is the Center for Disease Control (CDC). Scientists at CDC have studied HIV and AIDS since it was first reported in 1981. Through the agency's national clearinghouse, educators can receive important updates and current articles. Most medical authorities consider studies and information that appear in CDC publications definitive.*

List of Centers Funded by the National Institute of Mental Health. Available by sending a self-addressed, stamped envelope to ACTA Publications, 4848 N. Clark St., Chicago, IL 60640.

This list identifies centers that are funded by the National Institute of Mental Health to provide education on HIV/AIDS in their areas, typically at minimal or no charge.

HIV/AIDS-Related Organizations and Hotlines:

(for information, speakers, pamphlets, posters, etc.)

- Arch/diocesan HIV/AIDS-related offices, where available
- Community hospitals
- Local health department
- National HIV/AIDS-Related Organizations and Hotlines:

AIDS Action Council
2033 M St., N.W., Suite 802
Washington, DC 20036
202-293-2886

American Association of Physicians for Human Rights
P.O. Box 14366
San Francisco, CA 94114
415-558-9353

American Association of School Administrators
1801 N. Moore St.
Arlington, VA 22209
703-528-0700

American College Health Association
1300 Piccard Dr., Suite 200
Rockville, MD 20850
301-963-1100

American Federation of Teachers
555 New Jersey Ave., N.W.
Washington, DC 20001
202-879-4490

American Foundation for AIDS Research (AmFAR)
1515 Broadway, Suite 3601
New York, NY 10036-8901
212-719-0033

American Medical Association
535 North Dearborn St.
Chicago IL 60610
312-645-5315

American Red Cross
National Headquarters
Office of HIV/AIDS Education
1709 New York Ave., N.W., Suite 208
Washington, DC 20006
202-662-1580

American School Health Association
P.O. Box 708
Kent, Ohio 44240
216-678-1601

Centers for Disease Control
Center for Infectious Diseases, AIDS Program
1600 Clifton Rd., N.W.
Atlanta, GA 30333
404-639-3534 or 404-639-3311

Council of Chief State School Officers
Resource Center on Educational Equity
400 N. Capitol St., N.W., Suite 379
Washington, DC 20001
202-393-8159

Hispanic AIDS Forun
853 Broadway, Suite 2007
New York, NY 10003
212-870-1902 or 870-1864

Mothers of AIDS Patients (MAPS)
c/o Barbara Peabody
3403 E. Street
San Diego, CA 92102
619-234-3432

National AIDS Hotline
U.S. Public Health Service
800-342-AIDS
800-344-SIDA (Information in Spanish)
800-AIDS-TTY (TTD/TTY for deaf and hard of hearing)

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
800-458-5231
(Contact this clearinghouse for copies of the *Surgeon General's Report on AIDS, CDC Guidelines for Effective School Health Education to Prevent the Spread of AIDS*, and other CDC reports.)

National AIDS Network
2033 M St., N.W., Suite 800
Washington, DC 20036
202-293-2437

National Association of People with AIDS
2025 I St., N.W., Suite 1118
Washington, DC 20006
202-429-2856

National Association of State Boards of Education
1012 Cameron St.
Alexandria, VA 22314
703-684-4000

National Catholic AIDS Network
P.O. Box 10092
Washington, DC 20018
202-387-8017

National Coalition of Hispanic Health and Human Services Organizations
1030 15th St., N.W., Suite 1053
Washington, DC 20005
202-371-2100

National Council of Churches
AIDS Task Force
490 Riverside Dr., 10th Floor
New York, NY 10027
212-749-1214

National Education Association
The Health Information Network
1590 Adamson Pkwy., Suite 260
Morrow, GA 30260
404-960-1325

National Minority AIDS Council
300 I St., N.E.
Washington, DC 20002
202-544-1076

National Network of Runaway and Youth Services, Inc.
1400 I St., N.W., Suite 330
Washington, DC 20005
202-682-4114

National Organization of Black County Officials
440 First St., N.W., Suite 500
Washington, DC 20001
202-347-6953

National Pediatric HIV Resource Center
15 S. 9th St.
Newark, New Jersey 07107
201-268-8251 or 201-268-8273

Pediatric AIDS Foundation
2407 Wilshire Blvd., Suite 613
Santa Monica, CA 90403
213-395-9051

Pediatric AIDS Hotline
Mazer Building, Room 338
1300 Morris Park Ave.
Bronx, New York 10461
212-430-3333

Sexually Transmitted Disease Hotline
American Social Health Association
800-227-8922

State Health Departments and Education Departments:

(Address inquiries to **HIV and AIDS Coordinators** at health departments and to **HIV and AIDS Education Coordinators** at education departments.)

Alabama
Department of Public Health
State Office Building, Room 756
434 Monroe St.
Montgomery, AL 36130-1701
205-242-5838

State Department of Education
Gordon Persons Building, Room 5333
50 N. Ripley St.
Montgomery, AL 36130
305-242-8083

Alaska
Office of Epidemiology
Division of Public Health
3601 C St., Suite 540
Anchorage, AK 99524-0249
907-561-4406

Department of Education
Office of Instructional Improvement & Evaluation
Box F
Juneau, AK 99811-0500
907-465-2841

American Samoa
Department of Health
Box F
Pago Pago, American Samoa 96799
684-633-4071

Department of Education
Division of Curriculum & Instruction
Pago Pago, American Samoa 96799
684-633-1246

Arizona
Department of Health Services
Division of Disease Prevention
3008 N. 3rd St.
Phoenix, AZ 85012
602-230-5843

Department of Education
School Improvement Unit
1535 W. Jefferson
Phoenix, AZ 85007
602-255-3052

Arkansas
Arkansas Department of Health
STD HIV
4815 W. Markham, Room 455
Little Rock, AR 72205
501-661-2133

Department of Education
Curriculum & Assessment Section
4 Capitol Mall
Little Rock, AR 72201
501-682-3537

California
Office of AIDS
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320
916-323-7415

Department of Education
Office of Critical Health Initiatives
721 Capitol Mall, P.O. Box 944272
Sacramento, CA 94244-2720
916-322-3209

Colorado
Department of Health
STD AIDS Section
4210 East 11 Ave.
Denver, CO 80220
303 331-8320

Department of Education
201 East Colfax
Denver, CO 80203
303-866-6664

Connecticut
Department of Health Services
150 Washington St.
Hartford, CT 06106
203-566-2048

State Department of Education
Division of Education Support Services
25 Industrial Park Rd.
Middletown, CT 06457
203-638-4228

Delaware
AIDS Program Office
3000 Newport Gap Pike
Building G
Wilmington, DE 19808
302-995-8422

State Department of Public Instruction
Townsend Building
P.O. Box 1402
Dover, DE 19903
302-763-4885

District of Columbia
AIDS Program
Commission of Public Health
1660 L St., N.W.
Washington, DC 20036
202-673-3679

D.C. Public Schools
Birney School, Room 203
Martin Luther King Ave. and Sumner Rd., S.E.
Washington, DC 20020
202-767-8837

Florida
Health & Rehab Services
1317 Winewood Blvd.
Tallahassee, FL 32399-0700
904-487-2478

Department of Education
Florida Education Center
Prevention Center
325 W. Gaines St., Suite 414
Tallahassee, FL 32399-0400
904-488-7835

Georgia
Department of Human Resources
Office of Infectious Diseases
878 Peachtree St., N.E.
Atlanta, GA 30309
404-894-6425

Department of Education
Division of General Instruction
1954 Twin Towers East
Atlanta, GA 30334
404-656-2414

Guam
Department of Public Health/Social Services
P.O. Box 2816
Agana, GU 96910
671-734-7137

Department of Education
Division of Evaluation & Instruction
122 Cunao Rd. Ypaopao Estates
Dededo, GU 96912
671-477-2437

Hawaii
STD/HIV Prevention Program
Department of Health
3627 Kilauea Ave., Room 304
Honolulu, HI 96816-2399
808-541-2664

Department of Education
Office of Instructional Services
189 Lunalino Home Rd.
Honolulu, HI 96825
808-395-8810

Idaho
Department of Health and Welfare
Bureau of Preventive Medicine
450 W. State St.
Boise, ID 83720
208-334-5932

Department of Education
Bureau of Instruction
650 W. State St.
Boise, ID 83720
208-334-2281

Illinois
Department of Public Health
AIDS Activity Section
100 W. Randolph, Suite 6-600
Chicago, IL 60601
312-814-4846

State Board of Education
Curriculum Improvement
100 N. 1st St., Mailstop N242
Springfield, IL 62777
217-782-2826

Indiana
AIDS Program
State Board of Health
P.O. Box 1964
Indianapolis, IN 46206-1964
317-633-0851

Department of Education
Division of Student Services
State House, Room 229
Indianapolis, IN 46204-2798
317-232-6975

Iowa
Division of Disease Prevention
Department of Health
Lucas State Office Building
Des Moines, IA 50319-0075
515-281-4938

Department of Education
Bureau of Instruction & Curriculum
Grimes State Office Building
Des Moines, IA 50319-0146
510-242-6023

Kansas
AIDS Section
Department of Health & Environment
109 SW 9th St.
Topeka, KS 66612-1271
913-296-0022

Department of Education
Educational Assistance Section
120 E. 10th St.
Topeka, KS 66612
913-296-3851

Kentucky
Health Promotion (HE/RR)
Cabinet for Human Resources
275 E. Main St.
Frankfort, KY 40601
502-564-7112

Department of Education
Curriculum and Staff Development
Capital Plaza Tower, 18th Floor
Frankfort, KY 40601
502-564-2106

Louisiana
Department of Health and Hospitals
STD Control Section
P.O. Box 60630
New Orleans, LA 70603
504-568-5505

Department of Education
Bureau of Student Services
P.O. Box 94064
Baton Rouge, LA 70804-9064
504-342-5431

Maine
Department of Human Resources
State House Station
157 Capitol St.
Augusta, ME 04333
207/289-3747

Department of Educational and Cultural Services
Bureau of Instruction
State House Station #23
Augusta, ME 04333
207-289-5918

Maryland
Center for AIDS Education
State Dept. of Health and Mental Hygiene
201 W. Preston St.
Baltimore, MD 21201
301-225-6707

Department of Education
Division of Instruction
200 W. Baltimore St.
Baltimore, MD 21201
301-333-2324

Massachusetts
State Laboratory Institute
Department of Public Health
305 South St.
Jamaica Plains, MA 02130
617-522-3700

Department of Education
Office of Student Services
1385 Hancock St.
Quincy, MA 02169
617-770-7575

Michigan
Special Office on AIDS
Center for Health Promotion/DPH
P.O. Box 30035
Lansing, MI 48906
517-335-8399

Department of Education
Comprehensive School Health Unit
Ottawa South Building, 2nd Floor
608 W. Allegan, Box 30008
Lansing, MI 48909
517-373-2589

Minnesota
Department of Health
Acute Disease Epi Section
717 Delaware St., SE
Minneapolis, MN 55440
612-623-5363

Department of Education
AIDS Prevention/Risk Reduction
#519, Capitol Square Building
550 Cedar St.
St. Paul, MN 55101
612/296-1431

Mississippi
Department of Public Health
AIDS Program
P.O. Box 1700
Jackson, MS 39215-1700
601-960-7725

State Education Department
Bureau of School Improvement
P.O. Box 771, Sillers 1304
Jackson, MS 39205
601-359-3768

Missouri
Division of Health/AIDS Program
P.O. Box 570
Jefferson City, MO 65102-0570
314-751-6438

Department of Education
Special Federal Instructional Programs
P.O. Box 480
Jefferson City, MO 65102
314-751-3805

Montana
AIDS/STD Program
Department of Health & Environmental Science
Cogswell Building
Helena, MT 59620
406-444-4740

Office of Public Instruction
Curriculum Services Unit
Capitol Building
Helena, MT 59620
406-444-4434

Nebraska
Department of Health
AIDS Program
P.O. Box 95007
Lincoln, NE 68509
402-471-2937

Department of Education
Curriculum Services
301 Centennial Mall S.
Box 94987
Lincoln, NE 68509
402-472-4334

Nevada
Department of Human Resources
505 E. King St., Room 200
Carson City, NV 89710
702-885-4800

Department of Education
Basic Education
Capitol Complex
400 W. King St.
Carson City, NV 89710
702-885-3136

New Hampshire
HIV/AIDS Program
Department of Health & Human Services
6 Hazen Dr.
Concord, NH 03301
603-271-4477

Department of Education
Division of Instructional Services
101 Pleasant St.
Concord, NH 03301
603-271-2632

New Jersey
Division of AIDS Prev. and Control
Department of Health
363 W. State St.
Trenton, NJ 08625
609-984-6000

Department of Education
Division of General Academic Instruction
CN 500
225 W. State St.
Trenton, NJ 08625
609-984-1890

New Mexico
AIDS Prevention Program
Health and Environmental Department
1190 St. Francis Dr., Harold Ronald Bldg.
Santa Fe, NM 87503
505-827-0006

Department of Education
Educational Building
Santa Fe, NM 87501-2786
505-827-6563

New York
AIDS Institute
Education & Training Unit
Corning Tower, Room 503
Empire State Plaza
Albany, NY 12237
518-474-3045

Education Department
Bureau of School Health Education and Services
964 EBA
Washington Ave.
Albany, NY 12234
518-474-1491

North Carolina
Communicable Disease Control
AIDS Program
P.O. Box 27687
Raleigh, NC 27611-7687
919-733-3419

Department of Public Instruction
Division of Healthful Living
Education Building
Raleigh, NC 27603-1712
919-733-3906

North Dakota
Department of Health
State Capitol Building
Bismark, ND 58505
701-224-2378

Department of Public Instruction
State Capitol Building
Bismark, ND 58505
701-224-2514

Ohio
AIDS Activities Unit
Department of Health
246 N. High St., 8th Floor
Columbia, OH 43266-0588
614-466-5480

Department of Education
Division of Elementary and Secondary Education
65 S. Front St., Room 1005
Columbus, OH 43266-0308
614-466-2211

Oklahoma
Department of Health
AIDS Division
P.O. Box 53551
Oklahoma City, OK 73152
405-271-4636

Department of Education
2500 N. Lincoln Blvd.
Oklahoma City, OK 73105-4599
405-521-6645

Oregon
State Health Division DHR
P.O. Box 231
Portland, OR 97207
503-229-5792

Department of Education
Division of Curriculum & School Improvement
700 Pringle Pkwy., SE
Salem, OR 97310
503-378-4327

Pennsylvania
State Department of Health
AIDS Education and Risk Reduction
P.O. Box 90
Harrisburg, PA 17108
717-783-0479

Department of Education
Bureau of Curriculum and Instruction
333 Market St.
Harrisburg, PA 17126-0333
717-787-6749

Puerto Rico
STD Control Program
Call Box STD
Caparra Heights Station
San Juan, PR 00922
809-754-8118

Department of Education
Health Program
P.O. Box 759
Hato Rey, PR 00919
809-753-0989

Rhode Island

Disease Control
Department of Health
3 Capitol Hill
Providence, RI 02908-5097
401-277-2362

Department of Education
School Support Services
22 Hayes St.
Providence, RI 02908
401-277-2651

South Carolina

AIDS Division/DHEC
2600 Bull St.
Columbia, SC 29201
803-737-4110

Department of Education
1429 Senate St., Room 801
Columbia, SC 29201
803-734-8490

South Dakota

Division of Public Health
Department of Health
523 E. Capitol
Pierre, SD 57501-3182
605-773-3364

Department of Education and Cultural Affairs
Division of Instruction Services
700 Governors Dr.
Pierre, SD 57501-2291
605-773-4681

Tennessee

Department of Health and Environment
AIDS Program
C2-221 Cordell Hull Building
Nashville, TN 37247-4947
615-741-7500

Department of Education
Division of Curriculum & Instruction
4th Floor, North Wing
214 Cordell Hull Building
Nashville, TN 37243-0379
615-741-0874

Texas

AIDS Division
Department of Health
1100 W. 49th St.
Austin, TX 78756
512-458-7207

Texas Education Agency
Division of General Education
1701 N. Congress Ave.
Austin, TX 78701
512-463-9501

Utah

Bureau of Epidemiology
Department of Health
P.O. Box 16660
Salt Lake City, UT 84116-0660
801-538-6191

State Board of Education Operations
250 East 500 South
Salt Lake City, UT 84111
801-538-7864

Vermont

STD Control Section
Department of Health
60 Main St.
Burlington, VT 05402
802-863-7245

Department of Education
Basic Education
120 State St.
Montpelier, VT 05602
802-828-3111

Virginia

STD/AIDS
Department of Health
109 Governor St., Room 722
Richmond, VA 23219
804-786-6267

Department of Education
Health, Physical Education, and
Driver Education Service
Box 6Q
Richmond, VA 23216-2060
804-225-2866

Virgin Islands

Department of Health
P.O. Box 1026
Christiansted
St. Croix, VI 00820
809-773-1059

Department of Education
44-46 Kongens Gade
St. Thomas, VI 00802
809-774-4976

Washington

HIV/AIDS & Infectious Disease
Prevention & Education Section
Department of Health
Thurston Airdustrial Park
Bldg. #9 (MS: LJ-17)
Olympia, WA 98504
206-586-0427

Education Department
Special Services and Professional Programs
Old Capitol Building
Mail Stop FG-11
Olympia, WA 98504
206-586-0245

Wisconsin

Department of Health & Social Services
1 W. Wilson St.
Madison, WI 53701
608-266-9853

Department of Public Instruction
Bureau of Pupil Services
125 S. Webster St.
P.O. Box 7841
Madison, WI 53707
608-267-3750

West Virginia

Div. of Health/Bureau of STD Control
Department of Health & Human Resources
1900 Kanawha Blvd. East — Bldg. 3
Charleston, WV 25305
304-348-2950

Department of Education
Office of Educational Support Services
Captiol Complex, Room B-309
Charleston, WV 25305
304-348-8830

Wyoming

AIDS Prevention Program
Department of Health & Social Services
Hathaway Building, 4th Floor
2300 Capitol Ave.
Cheyenne, WY 82002
307-777-5932

Wyoming Department of Education
Wyoming AIDS Education
1000 W. 8th St.
Gillette, WY 82716
307-686-0317

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